

## Chapter Two Certification

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### Overview

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#### Policy

Individuals applying for participation in the Arizona WIC Program will be screened, using procedures outlined in this chapter, to determine eligibility before they can be certified to participate.

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#### In This Chapter

This chapter is divided into sections A through Q as shown below, and Appendices A through O on the following page.

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#### Contents

Section	Title	Page Number
A	Certification Guidelines	2-3
B	Physical Presence/ Identification	2-10
C	Residency	2-13
D	Ethnic Data Collection	2-16
E	Income Eligibility	2-16
F	Categorical Eligibility	2-33
G	Health Assessment	2-34
H	Dietary Assessment	2-35
I	Risk Identification, Priorities, Separation of Duties	2-36
J	Priorities	2-37
K	Referrals, Education, WIC Rights and Responsibilities	2-38
L	Ineligibility	2-43
M	Authorized Representative	2-44
N	Proxies	2-45
O	Waiting Lists	2-48
P	Transfer of Certification	2-56
Q	Caseload Reduction	2-61

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Overview (Continued)

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#### Contents (Continued)

Section	Title	Page Number
Appendix A	Waiting List Notification Form	2-62
Appendix B	Consent/Release Form	2-64
Appendix C	Instructions for WIC Identification (I.D.) Folder/Transfer Card	2-66
Appendix D	Documentation of Waiver Form	2-70
Appendix E	Income Guidelines	2-72
Appendix F	Arizona WIC Risk Table FY 2006	2-74
Appendix G	Risk Factors Not Currently Recognized by Arizona Table	2-78
Appendix H	Dietary Assessment Instructions	2-80
Appendix I	Participant Reporting Card	2-87
Appendix J	Envelope Template for Food Instrument	2-89
Appendix K	Notification of Ineligibility Form	2-91
Appendix L	Proxy Certification Form	2-93
Appendix M	Managing Caseload	2-95
Appendix N	Script for WIC Staff, re: Waiting Lists	2-106
Appendix O	Sample Letter for Referral Agency Communication, re: Waiting Lists	2-108

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## Chapter Two

### Certification

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#### Section A

#### Certification Guidelines

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##### Eligibility Determination

The Local Agency staff determines if the applicant meets each of the following eligibility criteria:

- Residence
- Income
- Category
- Nutrition Risk

All participants will be screened and certified using the Arizona in Motion (AIM) automated system.

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##### Within 10 days

Priority I pregnant women, infants under six (6) months of age, homeless, and migrants will be notified of their eligibility, ineligibility, or placement on a waiting list within ten (10) calendar days of the date of request for WIC services (See Appendix A for Waiting List Notification form).

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##### Within 20 days

All other applicants requesting WIC services will be notified of their eligibility or ineligibility or placement on a waiting list within twenty (20) calendar days from the date of request for WIC services.

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##### Extension of Timetable

An extension to a maximum of fifteen (15) calendar days for notifying Priority I pregnant women, infants under six (6) months of age, homeless, and migrants may be granted by the State to Local Agencies.

A written request justifying the extension must be received by the State Agency and written approval must be given to the Local Agency prior to implementation.

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*Continued on Next Page*

## Chapter Two Certification

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### Section A Certification Guidelines (Continued)

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#### Local Agency Responsibility

Local Agencies will develop follow-up procedures to contact all those applicants who miss their appointment.

Procedures will include:

- Methods of contact
- Information to be collected
- The date the applicant requests services
- The rescheduling of failed certification appointments

Time frames for completing the certification process, as specified above, begin when the applicant appears in person or telephones the Local Agency clinic and requests WIC services.

Local Agencies will maintain documentation of the date the initial request for services was made and will enter this date on the Cert Action screen of the AIM system.

For applicants who miss their appointment, the Local Agency staff will attempt to contact them within seven (7) business days by phone or mail. The appointment offered will be based on the next available appointment or the Local Agency policy for scheduling appointments. This action will be documented. The date on which the applicant requests a new eligibility interview will become the "Date of the Initial Request."

When a pregnant woman requests an appointment, the Local Agency will request an address and telephone number where she can be reached. Should she fail to keep her certification appointment, the Local Agency will attempt to contact her to reschedule. A record of the attempt of contact will be maintained by the Local Agency in the Notes box in the Family Record screen of the Appointment Scheduler of the AIM system. This will be maintained in AIM for 60 days.

Applicants failing to provide verification of eligibility data within the established time frame will be denied participation in the program. They may reapply as soon as they have the necessary documentation and the time frames begin at the time of reapplication.

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Section A

#### Certification Guidelines (Continued)

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##### Components of Certification

- Consent / Release Form (See Appendix B)
  - Physical Presence / Identification
  - Residency Verification
  - Racial / Ethnic Data
  - Income Determination
  - Categorical Eligibility
  - Health Assessment
  - Dietary Assessment (if necessary)
  - Risk Identification
  - Referrals and Education
  - Food Package / WIC Rules and Regulations
- 

##### Documentation Provided

The Consent/Release form explains the necessity of data collection for determination of WIC eligibility, including:

- Applicant's name
- Applicant's identification number
- Applicant's address
- Date of initial visit
- Date of certification

The Consent/Release form gives WIC permission to perform the tests necessary for program certification and to release information to the Arizona WIC Program and to appropriate health care providers.

The Consent/Release form also verifies the above data through sworn statements signed by the participant or participant's authorized representative, and the certifier (including printed name and title). The completed Consent/Release form is to be kept in the agency's daily file or participant's file. (See sample form in Appendix B).

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## Chapter Two

### Certification

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#### Section A

#### Certification Guidelines (Continued)

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##### Certification Periods

**The WIC Program services are based on the following certification time frames:**

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##### Pregnant Women

Certification will be valid up to six (6) weeks postpartum.

All documentation that includes the date when the certification ends must read “up to six (6) weeks postpartum.”

A pregnant woman enrolled in WIC who has had an abortion, spontaneous (miscarriage) or therapeutic, is eligible to receive benefits up to six (6) weeks past the date the pregnancy ended and can continue up to six (6) months postpartum.

A pregnant woman that would have been eligible for the program during her pregnancy, who has had an abortion, spontaneous (miscarriage) or therapeutic, can also apply for benefits. She is eligible for a total of six (6) months of benefits from the date the pregnancy ended.

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##### Postpartum Women

A postpartum woman is certified according to the following criteria:

- A non-breastfeeding woman is certified as a postpartum woman from the time the pregnancy ends until six (6) months postpartum.
- A breastfeeding woman is certified at six (6) month intervals, until the infant’s first birthday only if she continues to breastfeed.
- If a woman ceases to breastfeed prior to six (6) months postpartum and she has no risk of her own, she must be terminated from the program.

The Arizona WIC Program Identification (ID) Folder/Transfer Card (See Appendix C) will read, where Date of Certification Expires, as “Infant’s first birthday or when breastfeeding ends.”

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Section A

#### Certification Guidelines (Continued)

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##### Certification Periods (Continued)

The WIC Program services are based on the following certification time frames:

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##### Infant Less Than Six Months Old

An infant under six (6) months of age, at the time of certification, is enrolled until their first birthday if they meet Priority I, II or IV criteria.

Local Agencies must evaluate the health status of all infants who are six (6) months of age. The six (6) month evaluation does not affect the ending certification date, which is the infant's first birthday.

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##### Infant More Than Six Months Old

An infant more than six (6) months of age, at the time of certification, is enrolled for six months from the day of certification if Priority I or IV.

Infants who are six (6) months or older may not be certified as Priority II participants.

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Section A

#### Certification Guidelines (Continued)

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##### Certification Periods (Continued)

The WIC Program services are based on the following certification time frames:

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##### Child

Children are certified for six (6)-month periods, ending with the end of the month in which the child reaches five (5) years of age.

**Note:** If a child is still in a valid certification period (has not yet received six (6) food packages in the current certification period) in the month they turn five (5), a food package may be issued, even if the pick-up is after the birthday.

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##### Example

Six (6)-month certification periods (to be used for completing WIC identification folders):

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Certification begins in:	Certification ends in:
January	June
February	July
March	August
April	September
May	October
June	November
July	December
August	January
September	February
October	March
November	April
December	May

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## Chapter Two Certification

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### Section A Certification Guidelines (Continued)

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#### Certification Periods (Continued)

**The WIC Program services are based on the following certification time frames:**

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#### Special Conditions

The certification period may be adjusted from the original ending certification date for several reasons. It can be shortened as much as needed or extended by thirty (30) days. It is preferred that certification periods be shortened rather than lengthened; this is done primarily to coordinate the pick-up schedule of Food Instruments within a family unit. Other reasons for adjusting certification end dates include:

- Difficulty in appointment scheduling or getting to the clinic for certification due to extreme hardship, i.e., illness, imminent childbirth, inclement weather conditions, distance to travel, high cost of travel, or documented physical disability that prevents travel
- When a medical case conference is required to determine a participant's nutritional or medical status

If the participant is found eligible to continue receiving program services, the new certification period begins on the date the participant is certified again and receives the first set of Food Instruments in the new certification period.

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#### Women's Nutrition Risk Determination

All data used to determine nutritional risk will be reflective of the woman's categorical status at the time of certification. For example, a woman certified during pregnancy as anemic cannot be certified in the postpartum period using any hemoglobin or hematocrit value that was obtained during her pregnancy.

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## Chapter Two

### Certification

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#### Section B

#### Physical Presence / Identification

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##### Physical Presence Policy

Applicants to the WIC program are required to be physically present at the time of WIC Certification.

Additionally, infants are to be brought to their mid-certification health check appointment; however, if they are not present, the authorized representative is to be issued one (1) month of Food Instruments and rescheduled for the next month, when the infant must be present.

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##### Exceptions to Physical Presence

Exceptions may be made for persons with permanent or temporary disabilities that make it difficult to attend the WIC certification appointment. These include, but are not limited to, the following exceptions:

###### **Exception 1**

A condition that requires medical equipment that is not easily transportable.

###### **Exception 2**

A medical condition that requires confinement to bed.

###### **Exception 3**

A serious illness that may be worsened by coming to the clinic.

###### **Exception 4**

A serious or contagious illness.

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##### Documentation of Exceptions

The Local Agencies must receive documentation from a Medical or Osteopathic Physician (MD or DO), Nurse Practitioner (NP) or Physician's Assistant (PA). Documentation should include date, diagnosis and reason for inability to come to the clinic. This will be noted in the AIM system in the Note section of the Family screen.

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##### Certification of Women and Children in the Hospital

Local Agencies are encouraged to work closely with hospitals to enroll participants as soon as possible following delivery. However, food packages are not to be issued to participants for use in the hospital, since it is the responsibility of the medical insurance to provide food to the participant while in the hospital.

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## Chapter Two

### Certification

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#### Section B

#### Physical Presence / Identification (Continued)

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**Documentation  
of Identity**

All applicants must present proof of identification at certification and food instrument pick-up appointments. Documentation types are found on the Client Registration screen of the AIM system.

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**Initial  
Certification –  
Women**

Optimal documentation for a woman would be photo identification such as:

- Current passport
- Driver's license
- State issued identification card

Acceptable documentation for a woman would be:

- Work identification card
  - School identification card
  - Social services program card
  - Valid Medicaid / Arizona Health Care Cost Containment System (AHCCCS) card
  - Voter registration card
  - Tribal card
  - Pay stub
  - Laser Visa
- 

**Initial  
Certification –  
Infant/  
Child**

Acceptable documentation for an infant or child would be:

- Birth certificate
  - Crib card or hospital record
  - Immunization record
- 

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## Chapter Two

### Certification

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#### Section B

#### Physical Presence / Identification (Continued)

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##### **Subsequent Certification and Pick-up**

Acceptable documentation for all categories would be WIC ID Folder with matching signatures

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##### **Applicants with No Proof of Identity**

When an applicant has no proof of identification as a result of being a victim of theft, loss, or disaster, the applicant must complete and sign the Arizona WIC Program Documentation of Waiver Form declaring his/her identity. This Waiver Form is to be kept in the agency's daily file or participant's file.

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## Chapter Two

### Certification

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#### Section C

#### Residency

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##### Residency

All applicants are required to provide proof of residency in the Local Agency's service area. This is the location or address where a potential participant routinely lives or spends the night.

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##### Local Agency Service Area

The service area is defined by the Local Agency Policy and Procedure Manual.

Participants must reside in the Local Agency's service area.

**Note:** Tribal members who live on reservations that border on or are partially located in Arizona and who receive health services in Arizona are eligible for services from the Arizona WIC Program.

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##### Documentation of Residency

Documentation of residency is required at each certification. Acceptable forms of documentation include, but are not limited to:

- Current utility or cable bill
- Current rent or mortgage document
- Driver's license with current address
- Pay stub
- Letter from a homeowner that the person(s) resides within their home
- Mail with current postmark (cannot be a PO Box address)
- Shelter/church/social service letter on letterhead
- State or local document that can only be obtained with proof of address

The type of documentation is recorded on the Family Information screen of the AIM System.

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## Chapter Two

### Certification

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#### Section C

#### Residency (Continued)

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##### **Institutional Residence**

If the participant resides in an institution (i.e., homeless shelter, shelter for victims of domestic violence, home for unmarried mothers, penal institution), the following conditions must be met:

- WIC benefits the participant and not the institution (i.e., the institution must not accrue financial or in-kind benefit from the resident's participation in WIC)
- WIC foods are used by the WIC participant only
- The institution allows and encourages the participant to partake of supplemental foods and all associated WIC services made available to participants by the Local Agency (i.e., education, referral)

**Note:** Institutional proxies may not pick up Food Instruments for all WIC participants in their institutions.

The State Agency and/or Local Agency will establish, to the extent practicable, whether institutions are in compliance with the conditions for WIC participation as stated above.

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##### **Non-Compliant Institutions Participants**

If the institution where a participant is staying is found to be noncompliant with any of the above three (3) conditions:

- During the initial certification, the participant will continue to receive all WIC benefits
  - The participant applies for continuing benefits and still resides in the institution, the State agency will discontinue provision of food other than formula and the participant will continue to be eligible for WIC education and health care referrals
  - The State and/or Local Agency will refer the participant to other accommodations, where possible
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## Chapter Two

### Certification

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#### Section C

#### Residency (Continued)

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##### **Applicants with No Proof of Residency**

When an applicant has no proof of residency as a result of being a victim of theft, loss, or disaster an applicant must complete and sign the Arizona WIC Program Documentation of Waiver Form declaring his/her residency (See Appendix D). The Waiver form will be filed in agency's daily file or participant's file.

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## Chapter Two

### Certification

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#### Section D

#### Ethnic Data Collection

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##### Race/Ethnicity Determination

In order to comply with a Federal mandate by the United States Department of Agriculture (USDA), all applicants will be verbally asked to declare their race and ethnicity. Self-declaration at the time of certification is the preferred method of obtaining this data; if, after being asked to self-declare, the applicant does not provide the information, the WIC staff member must visually observe the applicant's race and ethnicity and record in AIM by selecting the ethnicity that they think is most applicable, select the race "White" and "Client Refused, Observed by Staff." The choice "white" as the race has been made the default (automatic choice) for situations such as described above.

All applicants will be classified as one of the following ethnicities:

- Hispanic or Latino
- or
- Not Hispanic or Latino

Additionally, all applicants will be classified by one or more of the following races:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Applicants can choose as many races as are appropriate.

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## Chapter Two

### Certification

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#### Section E

#### Income Eligibility

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##### Policy

WIC applicants will have their income evaluated at each certification using procedures outlined in this section (See Appendix E for Program Guidelines Income chart).

All applicants will provide documentation of income through:

- Proof of participation in an adjunctively eligible program (preferred)
  - or
  - Proof of income
- 

##### Determining Household Size/Economic Unit

Household/Economic Unit is defined as a group of related or non-related individuals who are living together as one economic unit.

Household/Economic Unit members share economic resources and consumption of goods and/or services. The terms “economic unit” or “household size” can be used interchangeably. However, “economic unit” is a more appropriate term to use because it conveys that familial relationship is not relevant to the determination of family size and income.

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##### AZ KidsCare

In Arizona, the State Children’s Health Insurance Program (SCHIP) is called KidsCare and is not an adjunctive eligibility program for WIC, as its income determination level is up to 200% of current Federal Poverty Guidelines.

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##### Adopted Child

When a child has been adopted by a family, the child is counted in the household size of the family. The size and total income of that economic unit will be used to determine if the child is income eligible for WIC.

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## Chapter Two

### Certification

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#### Section E

#### Income Eligibility (Continued)

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##### Foster Child

If an infant or child is in the care of foster parents, Child Protective Services (CPS), or other child welfare authorities, the infant or child will be considered a family of one (1); this income is to be documented in the Income Individual section of the Eligibility button on the Client Registration screen in AIM. The placement paper, commonly called "Notice to Provider," is required to make the foster parents the authorized representatives. Documentation of this paper will be recorded in the Notes section of the Client Registration screen of the AIM system. The same placement paper is acceptable documentation for adjunctive eligibility if the Comprehensive Medical and Dental Program (CMDP) medical insurance number is listed. The payments made by the welfare agency or received from other sources for the care of that child will be considered to be the only income.

**Note:** Families with multiple foster children can share a Family ID number in AIM; they must, however, each have income documented in the Income Individual section of the Eligibility button on the Client Registration screen.

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##### Military Family

Military personnel serving overseas or assigned to a military base, even though they are not living with their families, should be considered members of the economic unit.

Military dependents (infant, child, or woman) placed in the temporary care of friends or relatives who are dependant on that household to provide food, utilities, etc., should be considered a part of that household/economic unit during certification. If the applicant receives funds to sustain her/himself (beyond in-kind housing), s/he may be counted as a separate economic unit.

When military personnel use alternative methods of depositing paychecks (waiving military income documentation) and/or receive combat/hazardous duty pay, the income over last 12 months can be used.

**Note:** Military housing allowances are not considered income.

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## Chapter Two

### Certification

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#### Section E

#### Income Eligibility (Continued)

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<b>Pregnant Woman</b>	A pregnant woman's household is assessed by increasing it by the number of expected infants (unless the applicant has religious or cultural objections which preclude this).
<b>Resident of Institutions</b>	<p>The resident of an institution is assessed as a separate economic unit from the institution.</p> <p>The institution must meet the conditions as outlined in the previous section on institutional residency.</p>
<b>Co-living</b>	<p>Two (2) separate households/economic units residing at the same address under the same roof may be considered separate households/ economic units. Each household must have an adequate source of income to cover expenses, such as rent, food, utilities, and other, to be determined as separate households/economic units.</p> <p>When unmarried individuals reside together, as an economic unit, the income and household size of both parties will be used in determining income eligibility.</p>
<b>Separated Family</b>	When a family separates, the child is counted in the family with whom the child lives.
<b>Custody</b>	The parents with whom the child spend(s) a majority of their time can claim the child in reporting household size. Child support payments are considered income for the family with whom the child lives, but cannot be deducted from the income of the person making the payments.
<b>Teen</b>	An applicant who is under eighteen (18) years of age will have her household assessed following the rules which apply to any other economic unit (see Household/Economic Unit above).
<b>Instream Migrant Worker</b>	Instream migrant farm workers with expired Verification of Certification (VOC) cards are income-eligible as long as their income is determined at least once every 12 months.

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## Chapter Two

### Certification

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#### Section E

#### Income Eligibility (Continued)

##### Eligibility Criteria

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##### Date of Income Determination

Determination of income eligibility will be made at the time of certification. The date of certification on the Consent/Release Form and the Identification Folder/Transfer Card will be the date income eligibility was determined.

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##### Income Standards

The State Agency will adopt the income standard of 185% of the current DHHS Poverty Guidelines as its eligibility standard. Local Agencies will implement the federally established income eligibility standards for their program.

All data used to determine income eligibility will be reflective of the applicant's total household income and applicant's status at the time of certification.

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##### Adjunctive Eligibility

When an applicant, or in some cases a family member, participates in a federal or state program with income guidelines that are equal to or below the WIC income guidelines, the applicant is allowed to enroll in the WIC program without duplication of their initial income screening.

An applicant is adjunctively income eligible for WIC, if documentation shows that the individual is:

- Certified as fully eligible to receive benefits from the Food Stamp Program, AHCCCS, Temporary Assistance for Needy Families (TANF) program(s) or Section 8 housing
  - A member of a household containing either a TANF recipient or a pregnant woman or infant enrolled in AHCCCS
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## Chapter Two

### Certification

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#### Section E

#### Income Eligibility (Continued)

#### Eligibility Criteria (Continued)

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##### Documentation

Income received by each member of the economic unit must be confirmed by paper or an official verification system, such as dial-up confirmation with AHCCCS. Photocopies are not required by the State Agency, but the source of income will be documented on the Client Registration screen of the AIM system. Documentation can represent the past twelve (12) month's income or current rate of income, whichever is most representative of the family's status.

If income or adjunctively eligible program participation documentation is not available on the day of certification, income documentation must be provided within thirty (30) calendar days. Since proof of participation in an adjunct eligibility program was not provided at the Certification appointment, the applicant must fill out the Arizona WIC Program Documentation of Waiver Form (see Appendix D) and self-declare an income amount and source of income. The form is to be documented in the Income screen of the AIM system using "Code 10-Forgot Doc" as the form of documentation. The form is to be kept in the agency's daily file or participant's file.

The applicant will receive thirty (30) days of Food Instruments. If income documentation is not provided within the thirty (30) day period, applicants cannot receive WIC benefits until a time when they can bring in documentation.

The number of household members is noted on the Client Registration screen of the AIM system.

Acceptable types of documentation of income include but are not limited to:

- Pay stubs
- W-2 forms
- Unemployment form
- Statement signed and dated by employer
- Tax reporting forms

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## Chapter Two

### Certification

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#### Section E

#### Income Eligibility (Continued)

##### Eligibility Criteria (Continued)

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###### Applicants with No Proof of Income

Lack of income documentation cannot be a barrier to receiving WIC services. If the applicant cannot document income or declares no income exists, the applicant must sign the Arizona WIC Program Documentation of Waiver Form (see Appendix D).

The form must be kept in the agency's daily file or participant's file. The use of the waiver form is to be documented in the Income screen of the AIM system using a 'Code 20- Waiver Form' as the form of documentation; staff also needs to document on the Family Information screen in the Communications button that the waiver form was used to declare zero income. Staff must check this Communications button prior to allowing an applicant to declare zero income to ensure that they have not used zero income previously.

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###### Waiver Form Explanation

The Waiver form has several uses in the Arizona WIC program. It is separated into two (2) sections, top and bottom, and each section has a different use.

- 1.) The top of the Waiver form is used when the applicant has documentation of income, address, or identification, but did not bring it to the certification appointment.

The top of the form is to be completed by:

- Checking the box that corresponds to the type of documentation that was forgotten
- The applicant filling their name in the blank line and signing and dating it
- The WIC staff member signing and dating on the appropriate lines.

**Note:** The top of the Waiver form will only allow one (1) month of Food Instruments to be issued.

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*Continued on Next Page*

## Chapter Two Certification

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### Section E Income Eligibility (Continued)

#### Eligibility Criteria (Continued)

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##### Waiver Form Explanation (Continued)

- 2.) The bottom of the Waiver form is used when the applicant does not have documentation of income, address, or identification because documentation does not exist.

The bottom of the form is to be completed by:

- Checking the box that corresponds to the type of documentation that the applicant does not have
- The applicant filling their name in the blank line and signing and dating it
- The WIC staff member signing and dating on the appropriate lines.

##### Notes:

- a. In the case of no income documentation, the applicant must declare a total gross household income amount and the appropriate interval (i.e., weekly, monthly, yearly) and include the reason for no documentation.
- b. In the case of no address or identification documentation, the applicant must state the address where they are currently residing (if applicable) and include the reason for no documentation.

- 3.) The bottom of the Waiver form is also to be used when an applicant declares an income amount of zero. In this case, the middle box on the bottom half of the Waiver form is to be checked. The applicant must state from where they are receiving food and housing.

**Note:** The applicant can declare zero income only once during their participation in the WIC program, not once per certification period. Thereafter, the Local Agency WIC staff will assist the client in determining the in-kind income s/he receives, i.e., housing, food, and clothing. **'Zero income' will not be a barrier to receiving WIC services.**

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## Chapter Two

### Certification

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#### Section E

#### Income Eligibility (Continued)

##### Eligibility Criteria (Continued)

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###### Documentation of Adjunctive Eligibility

The Local Agency will use income information appropriate to the circumstances of the applicant. The type of documentation will be noted on the Client Registration screen of the AIM system.

Acceptable Documents (eligibility dates must be included):

- TANF - approval letter
- AHCCCS - decision letter with current eligibility dates
- Food Stamp Program – most recent certification letter
- Section 8 housing award letter

**NOTE:** Electronic Benefits Transfer (EBT) cards are not proof of current Food Stamp Program or other adjunctive program participation, unless the card shows a current period of eligibility.

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###### No Proof of Income at Certification

If an applicant does not provide proof of income at the time of certification, the applicant is to self-declare an estimated income amount and corresponding interval and fill out the Arizona WIC Program Documentation of Waiver Form (See Appendix D), stating that documentation exists but was not brought to the appointment, check the 'Proof of Income' box and both the WIC staff member and the authorized representative sign the form. The form must be kept in the agency's daily file or participant's file. The applicant will be certified and receive only one (1) month of Food Instruments. They will be instructed to bring proof of income to their next appointment. This will be documented in the Income screen in the Eligibility button of the Client Registration Screen in AIM. Any source other than 'S-Adjunctive Eligible Program' **and** 'Code 10- Forgot Documentation' will be used as the form of documentation. At the next appointment, WIC staff will update the source and documentation in the Income screen in AIM and may issue multiple months of Food Instruments.

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## Chapter Two

### Certification

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#### Section E

#### Income Eligibility (Continued)

##### Eligibility Criteria (Continued)

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**Unable to  
Provide Proof of  
Income**

When an applicant is unable to provide written documentation of income (homeless, migrant farm workers, people who work for cash), an applicant is not to be denied program participation solely based on the lack of income documentation. The applicant may self-declare the income amount by completing the Arizona WIC Program Documentation of Waiver Form and the form serves as income documentation for the entire certification period. The form must be kept in the agency's daily file or participant's file. This will be documented in the Income screen in AIM using 'Code 20- Waiver Form.'

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**Migrants**

Determination of income eligibility will be made once every twelve (12) months for migrant field workers, including qualifying loggers and their families. The migrant status will be indicated on the Arizona WIC identification folders, indicating exemption from having income determination repeated within a twelve (12) month period.

---

**Disqualification  
During a  
Certification  
Period**

Individuals may be disqualified during a certification period if a reassessment identifies that they are no longer income eligible or adjunctively income eligible. However, such persons cannot be disqualified from WIC solely on the basis of cessation of benefits from TANF, AHCCCS, Food Stamps, or other State-administered programs. They will be reassessed under other income criteria before being disqualified.

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*Continued on Next Page*

## Chapter Two Certification

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### Section E Income Eligibility (Continued)

#### Income / Gross Income Determination

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**Income**

Gross cash income before deductions such as income taxes, employee's social security taxes, insurance premiums, bonds, etc.

***The exceptions are farming or self-employment, where net income is used as the criteria.***

---

**Income Includes  
the Following:**

---

**Wages**

Monetary compensation for services, including wages, salary, commissions, tips, or fees.

---

**Active Military  
Payments**

Recent leave and earning statement.

---

**Military  
CONUS COLA**

Continental United States Cost of Living Allowance (CONUS COLA) provided to military personnel in designated high-cost areas within the continental United States.

---

**Farm/Self-  
Employment**

Income from farm and non-farm self-employment. This is net income (total dollars made in the business minus operating expenses) as calculated by schedule C of IRS form 1040 or a ledger of business operations.

---

**Social Security**

Check stub/award letter as documented by current bank statements.

---

**Dividends/Trusts/  
Rental Income**

Dividends or interest on savings or bonds, income from estates or trusts, or net rental income as documented by Federal Income Tax Record for most recent calendar year.

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Section E

#### Income Eligibility (Continued)

##### Income / Gross Income Determination (Continued)

---

**Public Assistance**

Public Assistance or Welfare payments.

**Note:** Persons receiving TANF, AHCCCS, Food Stamps or Section 8 housing benefits are automatically income eligible for WIC.

---

**Unemployment**

Unemployment compensation as documented with approval letter or check stub(s).

---

**Retirement/  
Pensions/  
Annuities**

Government civilian employee or military retirement; pension or veteran's payments; private pensions or annuities.  
Documentation includes income tax return for most recent calendar year.

---

**Alimony and  
Child Support**

Alimony and child support payments. Child support payments are considered income for the family with whom the child lives, but cannot be deducted from the income of the person making the payments.

---

**Contributions**

Regular contributions from persons not living in the household. Appropriate documentation would be a letter from the person contributing resources to the household.

---

**Royalties**

Net Royalties

---

**Other Cash  
Income**

Other cash income includes, but is not limited to, cash amounts received or withdrawn from any source, including savings, investments, trust accounts, and other resources which are readily available to the family.

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*Continued on Next Page*

## Chapter Two

### Certification

---

#### Section E

#### Income Eligibility (Continued)

##### Income / Gross Income Determination (Continued)

---

###### **Lump Sum Payments**

Lump sum payments, which represent “new money” that are intended for income, are counted as income. Lump sum payments include gifts, inheritances, lottery winnings, workers compensation for lost income, severance pay, and insurance payments for “pain and suffering.” Lump sum payments for winnings and proceeds from gaming, gambling, and bingo are also counted as income. The lump sum payment may be counted as annual income or may be divided by twelve (12) to estimate a monthly income, whichever is most applicable.

**Note:** Lump sum payments that represent reimbursement for lost assets or injuries should not be counted as income. This includes amounts received from insurance companies for loss or damage of personal property or payment for medical bills resulting from an accident or injury.

---

###### **Student Financial Assistance**

Student financial assistance used by the student for room and board and for dependent care expenses is considered income.

**Note:** Financial assistance that is used for tuition, transportation, books, and supplies is exempt.

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Section E

#### Income Eligibility (Continued)

##### Income/Income Exclusions

Income exclusions include, but are not limited to, the following:

<b>Military Housing Allowance</b>	Any basic allowance for quarters received by military services personnel residing off military installations or bases.
<b>In-Kind/Non-Cash Benefits</b>	Any benefit of a value which is not provided in the form of cash money is considered an in-kind benefit and is not counted as income.
<b>Federal Program Benefits</b>	<p>Benefits provided under the following Federal Programs or Acts include, but are not limited to:</p> <p>Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended in 1987.</p> <p>Any payment to volunteers under Title I (Volunteers in Service to America (VISTA) and others or Title II (Retired and Senior Volunteer Program (RSVP), Senior Companions Program (SCP), Foster Grandparents Program and others) of the Domestic Volunteer Services Act of 1973, to the extent excluded by the act.</p> <p>Payment to volunteers under Section 8 (b) (1) of the Small Business Act Service Corps of Retired Executives (SCORE) and Active Corps Executives (ACE).</p> <p>Payments received under the Job Training Partnership Act (Adult and Youth Training Programs, Summer Youth Employment and Training Programs, Dislocated Worker Programs, Programs for Migrant and Seasonal Farm Workers, Veterans and the Job Corps).</p>

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*Continued on Next Page*

## Chapter Two

### Certification

---

#### Section E

#### Income Eligibility (Continued)

##### Income/Income Exclusions (Continued)

---

##### **Federal Program Benefits (Continued)**

Payments under the Low-income Home Energy Assistance Act, as payment under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989.

Payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990.

The value of any child care payments made under section 402 (g)(1)(E) of the Social Security Act, as amended by the Family Support Act, including:

- Aid to Families with Dependent Children (AFDC)
- Title IV – A Child Care Program
- JOBS Child Care Program

The value of any “at risk” block grant child care payments made under section 5081 of Public Law 101 – 508, which amended section 402(i) of the Social Security Act.

The value of any childcare provided or paid for under the Child Care and Development Block Grant Act, as amended.

Mandatory salary reduction amount for military personnel, which is used to fund the Veteran’s Educational Assistance Act of 1984, as amended.

Payments received under the Old Age Assistance Claims Act, except for per capita shares in excess of \$2,000.

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*Continued on Next Page*

## Chapter Two Certification

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### Section E Income Eligibility (Continued)

#### Income/Income Exclusions (Continued)

---

##### **Federal Program Benefits (Continued)**

Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80% of the median income in the area.

Payments received under the Housing and Community Development Act of 1987, unless the income of the family increases at any time to more than 49% of the median income of the area.

Benefits received through the Farmer Market Demonstration Project under Section 17 (M)(7)(A) of the Child Nutrition Act of 1966, as amended.

Under the Social Security Act, as amended with the Prescription Drug Card, persons receiving the prescription discount and/or the \$600 subsidies shall not have these benefits treated as income.

---

##### **Loans**

Loans, such as bank loans, are not counted as income.

---

##### **Lump Sum/Large Cash Payments**

Lump sum payments or large cash settlements (i.e., compensation for a loss such as an insurance settlement to pay for damage to a house or car). Also includes payments that are intended for a third party to pay for a specific expense (i.e., payment for medical bills resulting from an accident or injury.)

**Note:** If the lump sum payment is put in a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

---

##### **125 Accounts**

Employer qualified benefits (health care, vision, dental care, life term group insurance, disability, and certain other benefits) and flexible spending accounts that are made pursuant to salary reduction agreements between the employer and the employee, in which the employee agrees to contribute a portion of his or her salary on a pre-tax basis to pay for the qualified benefits. Salary reduction contributions are not actually or constructively received by the participant. Therefore, those contributions are not considered wages/income.

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Section E

#### Income Eligibility (Continued)

##### Income/Income Exclusions (Continued)

---

**Income  
of/Payments to  
Native Americans**

Income derived from certain sub-marginal land of the United States that is held in trust for certain tribes.

Income derived from the disposition of funds to the Grand River Band of Ottawa Indians.

Payments received under the Program for Native Americans.

Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members, received pursuant to the Maine Indian Claims Settlement Act of 1980.

Payments received under the Alaska Native Claims Settlement Act.

Payments received under the Sac and Fox Indian Claims Agreement.

Payments received under the Judgment Award Authorization Act, as amended.

Payments to the Blackfeet, Groventre and Assiniboine tribes (Montana) and the Tohono O'odham Nation, a.k.a. Papago tribe (Arizona).

Payments to the Red Lake Band of Chippewas, the Chippewas of Mississippi, and the Turtle Mountain Band of Chippewas (Arizona).

Payments for relocation assistance for Navajo and Hopi Tribe members.

Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act.

Payments to the Assiniboine tribe of the Fort Belknap Indians Community and the Assiniboine Tribe of the Fork Peck Indian Reservation (Montana).

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## Chapter Two

### Certification

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#### Section F

#### Categorical Eligibility

A potential participant must be:

<b>Pregnant Woman</b>	A pregnant woman (proof of pregnancy is not required).
<b>Postpartum Woman</b>	A postpartum woman up to six (6) months after the end of the pregnancy.
<b>Breastfeeding Woman</b>	A woman who breastfeeds an infant at least one time per day, up to one (1) year or until she completely stops breastfeeding before the infant turns one (1) year old (this includes a wet nurse, adoptive mother and/or foster mother who choose to breastfeed <u>and</u> the infant's biological mother is not certified as a breastfeeding woman).
<b>Infant</b>	An infant until their first (1) birthday.
<b>Child</b>	A child between the ages of one (1) year and the last day of the month in which the child turns five (5) years old.

## Chapter Two

### Certification

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#### Section G

#### Health Assessment

<b>Policy</b>	Individuals applying for enrollment in the Arizona WIC Program must have at least one (1) nutritional risk factor to be eligible for participation. The Local Agency will determine the nutritional risk of an applicant after a medical and nutritional assessment.
<b>USDA Criteria</b>	The State of Arizona has adopted the Risk Criteria developed by the Risk Identification and Selections Collaborative (RISC) Committee for the National WIC Association (NWA) and the Food and Nutrition Service (FNS) divisions of the USDA.
<b>Arizona Risk Criteria</b>	A list of applicable risk factors, priorities, documentation requirements, and mandatory nutrition intervention is outlined in Appendix F of this chapter.
<b>Other Risk Factors</b>	A list of risk factors not currently recognized by the Arizona WIC Program can be found in Appendix G of this chapter.
<b>Certifiers</b>	<p>The competent professional authority (CPA) on staff at the Local Agency is responsible for determining nutritional risk and prescribing supplemental foods.</p> <p>Persons authorized to serve as CPAs are individuals who have documentation on file verifying that they have been trained in certifying participants and prescribing supplemental foods:</p> <ul style="list-style-type: none"><li>• Physicians</li><li>• Nutritionists (B.S., B.A., M.P.H. or M.S. in nutrition, dietetics, public health nutrition, or home economics with emphasis in nutrition), registered dietitians</li><li>• Registered nurses</li><li>• Physician's assistants (certified by the National Committee on Certification of Physician's Assistant or certified by the State medical certifying authority)</li><li>• Trained paraprofessional (community nutrition workers [CNWs], health aides, etc.)</li></ul>

## Chapter Two

### Certification

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#### Section H

#### Dietary Assessment

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**Diet Assessment** A diet assessment provides WIC staff with useful information to assess the participant's diet, to identify nutritional risks and to provide counseling based on the assessment (See Appendix H). The diet assessment must be completed and evaluated before assigning Risk 401. The results are to be entered into the Diet Assessment screen of the AIM system. The assessment must be kept in the agency's daily file or participant's file.

---

## Chapter Two

### Certification

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#### Section I

#### Risk Identification

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##### Policy

Applicants will be assigned all nutritional risks that apply, according to the Arizona in Motion (AIM) automated system and the Nutrition Risk Factor Manual.

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##### Documentation

Documentation is required for certain nutritional and medical risks. These risks, as found in the Health screen in the AIM system, require a physician's diagnosis and must be documented by the physician (Medical Doctor [M.D.] or Doctor of Osteopathy [D.O.]) or their assistant (Nurse Practitioner [N.P.] or Physician's Assistant [P.A.]). Applicants will be assigned all nutritional risks that apply, according to the Arizona in Motion (AIM) automated system and the Nutrition Risk Factor Manual.

---

##### Self-Reporting or Self- Diagnosis

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person reports to have or have had a medical condition, without any reference to a professional diagnosis. A self-reported medical diagnosis such as "My doctor says that I have/my son or daughter has..." should prompt the CPA to validate the presence of the condition by asking more in-depth questions related to the diagnosis.

Self-reporting of "History of" conditions should be handled in the same manner as self-reporting of current conditions that require a physician's diagnosis. The applicant may report to the CPA that s/he was diagnosed by a physician with a given condition in the past. Again, self-diagnosis of a past condition should not be confused with self-reporting.

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## Chapter Two Certification

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### Section J Priorities

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**Special Note**

The priority which indicates the greatest level of risk will be used to certify the applicant.

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**Priority Categories for WIC services are the following:**

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**Priority I**

Pregnant and breastfeeding women and infants at risk based upon hematological or anthropometric measurements or other documented nutritionally-related medical condition. Women that are breastfeeding Priority I infants with risk other than 702 or infants breastfed by Priority I women with risks other than 601.

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**Priority II**

Infants up to six (6) months of age born to women who participated in WIC during pregnancy. Infants up to six (6) months of age born to women who would have been eligible based upon hematological or anthropometric measurements or other documented nutritionally related medical conditions. Women that are breastfeeding Priority II infants with risk other than 702.

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**Priority III**

Children and some postpartum women at risk based upon hematological or anthropometric measurements or other documented nutritionally related medical conditions.

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**Priority IV**

Pregnant and breastfeeding women and infants at risk due to inadequate dietary patterns.

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**Priority V**

Children at risk because of inadequate dietary patterns.

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**Priority VI**

Postpartum women at nutritional risk.

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**Priority VII**

Participants who might regress in nutritional status without continued provision of supplemental foods.

**Note:** Regression may not be used for initial certification, may not be used for infants, and may not be used consecutively as a reason for recertification. Regression can only be used twice in a five-year period.

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## Chapter Two Certification

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### Section K Referrals, Education and WIC Rights and Responsibilities

---

#### Education

In terms and language that the participant understands, the certifier will:

- Explain the risk factor(s) which make(s) the participant eligible for WIC
  - Negotiate and tailor the food package based on risks, nutritional needs and participant preference
  - Develop a plan and deliver nutrition education, which is based on individual needs and risks
  - Make referrals based on nutritional risks and needs
- 

#### Health Services Available

In a language that the participant understands, the certifier will discuss the availability of health services, including:

- The types of health services
  - The types of referral services
  - The location of services
  - How services are obtained
  - The reason why services are useful
- 

#### Referrals

The following referrals must be given to participants or their authorized representatives when appropriate:

- Food Stamps (all)
  - Temporary Assistance for Needy Families (TANF) (all)
  - Medicaid (AHCCCS) Income Guidelines (all)
  - Child Support Enforcement when parents of child WIC participant aren't together
  - Immunizations (children under age 2)
  - Substance Abuse (all)
  - Folic Acid supplements and education (postpartum women)
- 

*Continued on Next Page*

## Chapter Two Certification

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### Section K Referrals, Education and WIC Rights and Responsibilities (Continued)

---

#### Updated List of Referrals

All Local Agencies will keep an updated list of referral agencies in their community to which they refer WIC participants. The list should include at least the following information:

- Program name
  - Address
  - Phone number
  - Days and hours of service
- 

#### Arizona WIC Program ID Folder/ Transfer Card

An Arizona WIC Program Identification (ID) Folder/Transfer Card (See Appendix C) will be issued to the participant. The folder will include the participant's name, the date on which the current certification expires and the name and address of the certifying Local Agency. Both the participant and certifier will sign the identification folder. This serves as the signature card for using the Food Instruments produced by the AIM system.

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*Continued on Next Page*

## Chapter Two Certification

---

### Section K Referrals, Education and WIC Rights and Responsibilities (Continued)

---

#### **WIC Program Rights and Responsibilities**

For applicants determined eligible to participate in WIC, in a language the participant understands, the certifier will explain:

- Participant rights and responsibilities
- Which foods are authorized for purchase with WIC Food Instruments
- How to use the Food Instruments
- Authorized Arizona WIC vendors
- Arizona WIC Program requirements
- Local Agency requirements
- The illegality of simultaneous participation in more than one (1) WIC program and/or CSFP
- The duration of the certification period
- The purpose of the identification (ID) folder/transfer card
- WIC does not discriminate
- Right to report individuals attempting to commit program abuse and problems with vendors
- Option to register to vote
- Policy and procedure on the following, if applicable:
  - Use of a proxy
  - Verification of marks if the applicant cannot write his or her name
  - Actions that may cause the participant to become disqualified or suspended
  - Right to appeal

#### **Food Instrument Issuance**

Participants will be issued appropriate Food Instruments at the time of certification.

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*Continued on Next Page*



## Chapter Two Certification

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### Section K Referrals, Education and WIC Rights and Responsibilities (Continued)

---

#### Participant Education

Participant/authorized representative training must include, at a minimum:

- An explanation of why the participant is qualified by income and nutritional risk
- An explanation of the food package and how these foods can improve their health status
- Instructions on using Food Instruments
- An explanation of what will happen at the store
- An explanation of the ID folder/transfer card
- An explanation about program suspensions for errors and/or abuse
- An explanation of participant rights
- An explanation of the Arizona WIC Program Participant Reporting Card (See Appendix I). At least two (2) should be provided at the beginning of each certification period

The participant should also be provided with:

- A list of Vendors within their geographic area
- A copy of the Arizona WIC Programs Food List
- And an infant formula flyer, if appropriate

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Section K

#### Referrals, Education and

#### WIC Rights and Responsibilities (Continued)

---

##### Keep Appointments

Participants/authorized representatives will keep scheduled appointments or notify Local Agency staff if unable to do so.

---

##### Use Food Instruments Correctly

- Food Instruments will only be used at Arizona WIC authorized Vendors
  - Food Instruments will be used within the valid time period
  - Food Instruments will be used to purchase only those foods in the quantity (and/or brands) specified on the Food Instrument
  - Food Instrument redemption procedures will be followed
  - WIC foods will be separated from other foods and according to each Food Instrument
  - The cashier will fill in the cost of the purchased WIC foods (as specified on the Food Instrument)
  - The Food Instrument will be signed after the cashier fills in the date of use and the cost of the WIC foods
- 

##### Review Receipts

We do not require participants to bring their receipts to their appointments, but we can encourage them to review them from WIC purchases to ensure that appropriate items were charged and no sales tax is included in total purchase price.

---

##### Report Problems

Report problems by calling: 1-800-252-WIC (1-800-252-5942)

---

##### Bi-Monthly and Tri-Monthly Issuance

Food Instruments for future months should be placed in the State provided envelope and marked with the first date to use (See Appendix J for envelope template). These should be placed in the participant's ID folder next to their current month's Food Instruments. This will help to avoid confusion about redemption dates.

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## Chapter Two

### Certification

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#### Section L

#### Ineligibility

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**Notification of Ineligibility**

The applicant will be given the Arizona WIC/CSF Programs “Notification of Ineligibility” (see Appendix K) which states the reason (see below) for the determination and how to appeal the decision. The applicant must sign the letter, indicating that they understood why they are not eligible. This documentation is to be kept in the agency’s file.

- Categorical ineligibility
  - Residence outside of service area
  - Income above maximum allowable income
  - Lack of nutritional risk (This implies that a Consent/Release Form has been signed, blood work has been performed, and a Diet Recall) has been completed.
  - Current participation in CSFP
  - Other: The specific reason must be noted
- 

**Information About Reapplication**

Applicants will be informed on how to reapply if conditions change or if they obtain the necessary documentation.

---

**Right to Fair Hearing**

Applicants who are denied WIC services must be notified of their right to appeal. See Informal Settlement Conference and Fair Hearing Chapter.

---

**Referrals**

Applicants will be given written information regarding other food assistance programs for which they may be eligible.

---

**Timeline**

For those participants who become ineligible to continue participation in the Arizona WIC program, the following will occur:

- Local Agencies will notify participants at least fifteen (15) calendar days prior to the effective date of their ineligibility
  - Local Agencies will notify participants at least fifteen (15) calendar days before the expiration of each certification period that their WIC certification is soon to expire. The participant will be referred to CSFP if appropriate
  - A person who is about to be suspended or disqualified from program participation at any time during a certification period will be advised in writing no fewer than fifteen (15) calendar days before the suspension or disqualification
-

## Chapter Two

### Certification

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#### Section M

#### Authorized Representative

---

##### Policy

An Authorized Representative can be one of the following:

- Parent(s)
  - Caretaker
  - Legal guardian
  - Relatives with whom the participant lives
  - Spouse or significant other
- 

##### Procedure

At certification, the Local Agency can identify two (2) authorized representatives who can sign the WIC ID folder. This is the only time that the ID folder can be signed.

The authorized representative(s) will be instructed on the rules and regulations of the WIC program, including how to use WIC Food Instruments.

The authorized representative(s) can pick up Food Instruments and use them at the store.

If a participant is unable to understand the rules and regulations, an authorized representative will be appointed to accompany them at certification and clinic visits.

---

## Chapter Two

### Certification

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#### Section N

#### Proxies

---

##### Policy

Participants/authorized representatives are encouraged to keep their appointments personally.

The Arizona WIC Program recognizes that the above is not always possible and will allow participants/authorized representatives to designate a proxy to pick up their Food Instruments.

A Proxy:

- Must be at least 18 years old
- Must bring in the participant's/authorized representative's Arizona WIC Program ID Folder/Transfer Card
- Must accept training on program requirements, be given an explanation of their responsibilities and how to use the Food Instruments to purchase authorized WIC foods only
- May receive nutrition education for participants depending on their role in caring for the WIC participant
- May do the shopping for the WIC participant or pick up and give the Food Instruments to the participant/authorized representative to use

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*Continued on Next Page*

## Chapter Two

### Certification

---

#### Section N

#### Proxies (Continued)

---

##### Procedure

Participant/authorized representatives may authorize a proxy at certification or anytime during their certification period (See Appendix L). Proxies may only pick up one (1) set of Food Instruments on behalf of the participant/authorized representative.

##### At Certification

- Local Agency staff will ask the participant/authorized representative if they would like to identify a person(s) (up to two) to serve as a proxy at any time during their certification period
- Staff will explain the role of a proxy to the participant/authorized represent representative
- Proxies identified by the participant/authorized representative at certification will not need to bring a note to the clinic at the time of their visit. They will, however, need to show proof of identification by providing one of the documentation types found on the Client Registration screen of the AIM system.

##### Any time other than Certification:

- The proxy must bring a signed note from the participant/authorized representative to the clinic. The note will state that the proxy has permission to obtain the Food Instruments
- Local Agency staff will verify that the signature on the note matches the participant's/authorized representative's signature on the Arizona WIC Program ID Folder/Transfer Card
- The proxy will need to show proof of identification by providing one of the documentation types found on the Client Registration screen of the AIM system

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*Continued on Next Page*

## Chapter Two

### Certification

---

#### Section N

#### Proxies (Continued)

---

##### Procedure (Continued)

Designated proxy(ies) will be assigned as a proxy in the Family Information screen of the participant's AIM automated record.

The Local Agency staff will:

- Add the person or persons' name(s) in the proxy section
- Add the code for proxy form and the date that the proxy is assigned in the Communications screen
- Document any comments relevant to the proxy assignment and/or issuance in the Comment section

When Food Instruments are issued to a proxy, the Local Agency staff will:

- Provide the proxy with the same training on WIC program requirements that is required for participants/authorized representatives, excluding the reasons that the participant is qualified by income and nutritional risk
  - Print the Proxy Certification Form (PCF) and have the proxy sign the form (See Appendix L)
  - Make a copy of PCF and give the original to the proxy
  - Place a copy of the PCF and the authorization note (if applicable) in the Local Agency's centralized file
  - Have the proxy sign the Food Instrument signature page (receipt page)
-

## Chapter Two Certification

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### Section O Waiting Lists

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#### Policy

When the number of participants receiving Food Instruments each month exceeds the Local Agency's assigned caseload, a waiting list may need to be initiated, following approval from the Arizona WIC Director. The lowest priority is closed first, the second lowest priority is closed next, and so on. Applicants are put on a waiting list until the priority is reopened (See Appendix A for Waiting List Notification form). When a closed priority is reopened, applicants are enrolled in a chronological order on the basis of the date of initial contact.

The Local Agency will work with the State Agency to implement these procedures.

---

#### Determination of Priority Closing

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#### Managing Caseload

When the actual caseload numbers begin to exceed the assigned caseload numbers, priorities will have to be closed. The Local Agency will plan how many priorities need to be closed with technical assistance from the State Agency.

After planning how many priorities should be closed, the Local Agency will notify the State Agency by e-mail or fax and obtain written consent from the Arizona WIC Director before closing any priorities. This will allow additional review of caseload numbers by the State Agency and the impact from adjustments to insure that the least amount of disruption to customer service occurs.

---

#### Predicting Caseload

In order to determine the priorities that must be closed, use the Participation by Race and Ethnicity, Participant Status and the Termination reports in the Financial Management module of the AIM system. These reports will also assist in monitoring the caseload as the actual caseload numbers begin to adjust. Monitoring needs to occur monthly.

An example of how to monitor monthly caseload is shown in Appendix M of this Chapter.

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*Continued on Next Page*



## Chapter Two

### Certification

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#### Section O

#### Waiting Lists (Continued)

##### Determination of Priority Closing (Continued)

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**Participation by  
Race and  
Ethnicity Report**

This report lists participation by priority at the bottom of the page. The average percent by which the initial numbers drop to the closeout (month-end) figures may be calculated and used monthly to adjust the initial numbers with greater accuracy. By looking at the number of participants in each priority, a determination can be made regarding how many and which priorities must be served or closed in order to reduce caseload to the assigned numbers.

---

**Participant Status  
Report**

This report shows the number of certifications new to the program and in-state and out-of-state transfers which occurred in the previous month. It can be used to project the approximate number of new applicants who may be added to the program in the coming months.

---

**Termination  
Report**

This report shows the number enrolled in each priority (whether open or closed) who are due for a new certification or termination for each of the next four (4) months. Use this to determine how quickly the caseload will drop due to the closed priorities. This can also be used to determine how many openings will be available monthly in the open priorities.

---

**Priorities**

Priorities are closed from the lowest to highest priority or sub-priority; i.e., priority VII would be closed first, followed by priority VI, etc. When opening priorities, the highest priority will be opened first; i.e., priority V would be opened before priority VI.

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Section O

#### Waiting Lists (Continued)

##### Processing of Applicants

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##### 10/20 Day Rule

Applicants that are categorically eligible for open priorities are still screened within ten (10) days (pregnant, infants under six (6) months, or migrant) or twenty (20) days (all others) from the time they request clinic services. Notification of the placement on a waiting list must be given within twenty (20) days.

---

##### Waiting List

Information which shall be collected for each applicant on the waiting list, according to Federal Regulations, includes:

- Name
- Address
- Telephone Number (if applicable)
- Status (i.e., pregnant, breastfeeding, age of applicant)
- Date placed on waiting list

Once the Arizona WIC Program Waiting List Notification form (See Appendix A) is completed, a copy is given to the applicant and the original is placed in the waiting list file.

Optional information may include that which will assist in determining the approximate date on which the person may become categorically ineligible such as date of birth, actual delivery date or estimated delivery date.

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*Continued on Next Page*

## Chapter Two

### Certification

---

#### Section O

#### Waiting Lists (Continued)

##### Program Considerations

---

##### Pre-Screening

The amount of screening which may be done prior to placement of an applicant on the waiting list will be determined by the category of the applicant in relation to the open priorities and the Local Agency resources.

Local Agencies that have closed priorities which are not likely to be served do not have to maintain waiting lists except in the case of a person who understands that the likelihood of that priority being opened is low and still requests placement on the waiting list.

The Local Agency will explain to each applicant who may qualify for a currently closed priority the likelihood, that the priority will be opened.

Examples:

- The State Agency strongly recommends that the Local Agency perform income screening prior to placement on the waiting list.
- If an agency has closed all priorities up to and including priority III, there would be no need to screen a postpartum woman or a child because all the priorities for which they could be eligible are closed.

**Note:** If an applicant is categorically eligible for an open priority or sub-priority, the person will be screened. If the person is found to be eligible, they will be enrolled in that open priority.

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*Continued on Next Page*

## Chapter Two

### Certification

---

#### Section O

#### Waiting Lists (Continued)

##### Program Considerations (Continued)

---

##### Files

The State Agency suggests the following system. However, if a Local Agency wants to adopt a different system, it must meet the same standards of all records (see Records Chapter) and guarantee that applicants and participants are served with nondiscrimination practices throughout the agency.

- A separate filing system will be set up for the waiting list
- A separate section for each priority that is closed will be established
- A copy of the “Arizona WIC/CSF Programs Waiting List Notification” shall be placed in the file for each person, in chronological order, with the form with earliest date of placement on the waiting list first
- If the screening process has begun, any paperwork completed thus far (i.e., Consent/Release Form) shall be firmly attached to the copy and placed in the appropriate priority’s file
- When that specific priority is reopened, the applicant with the earliest date of placement on the waiting list is the first to be notified, the second earliest date is notified, and so on
- These files will be accessible and clearly labeled for management and audit purposes

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Section O

#### Waiting Lists (Continued)

##### Program Considerations (Continued)

---

###### Notification/ Recall from Waiting List

Notification must be completed by telephone or mail, with documentation including the date notified and the form of contact (i.e., letter or phone).

If notification is mailed, the postcard or letter will state either:

- An actual appointment date to be screened with a notice to contact the office if they do not want to or are unable to keep the appointment
- or
- A date by which the person must contact the office to make an appointment

The notification form will contain a statement that the person will be moved to the bottom of the waiting list if they do not respond to the notification.

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###### Date of Ineligibility

The date of perceived ineligibility may be written on the “Arizona WIC/CSF Programs Waiting List Notification” to aid in file management. For example, if a child will reach his fifth birthday soon, the file would be terminated on the birth date if the priority remains closed.

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###### False Expectation

The WIC staff person will always explain why placement on the waiting list is necessary, and what it means in terms of realistic possibilities of receiving benefits.

The Local Agency Director will provide training and scripts for clerks and/or CNWs to perform this task accurately and with comfort (See Appendix N for a sample script).

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###### Referrals to Other Programs

Applicants who are placed on a waiting list will be referred to other appropriate programs (i.e., food assistance programs such as CSFP or Food Plus [where available], Head Start, etc.)

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*Continued on Next Page*

## Chapter Two

### Certification

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#### Section O

#### Waiting Lists (Continued)

##### Program Considerations (Continued)

---

##### **Breastfeeding Women Who Quit Breastfeeding**

Women that are categorically eligible for the WIC Program due to breastfeeding who quit breastfeeding can no longer be considered a participant in a breastfeeding priority and may not continue to receive benefits.

If her baby is under six (6) months of age, the woman must be screened to determine if she is eligible for an open priority as a postpartum woman, if a postpartum risk had not been previously identified for her. If she qualifies for an open priority, she may be enrolled in that priority. If priorities serving postpartum women are closed, the woman may be placed on the waiting list if she requests to do so.

If the baby is older than six (6) months of age, the woman is no longer categorically eligible for the WIC Program and must be terminated.

If an infant is on the program with Risk 702 (Infant being breastfed by a woman at nutritional risk) as the only identified risk, the infant will need to be reassessed for certification and issued a new food package, if appropriate.

---

##### **Transfers (After Certification)**

At the end of their current certification period, the person would be reassessed and one or more of the following appropriate actions would be taken:

- Placed on the program if they qualify for an open priority
  - Placed on the waiting list if they qualify for a closed priority, if the person requests placement
  - Graduated from WIC
  - Terminated if found ineligible
  - Referred to other appropriate programs
- 

*Continued on Next Page*

## Chapter Two

### Certification

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#### Section O

#### Waiting Lists (Continued)

##### Program Considerations (Continued)

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<b>Dual Participation</b>	A person may be on the waiting list for CSFP and WIC at the same time. A person may receive benefits from one program while being on the waiting list for the other program. A participant's ID number will be the same for both programs.
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<b>Notification of Referral Agencies</b>	Agencies that refer applicants to the WIC Program will be kept informed of any actions taken by the Local Agency to adjust caseload (See sample letter in Appendix O). This may include identifying categories of applicants still being served and would include encouragement to those agencies to keep making referrals to the WIC Program. Referring agencies are to be made aware that even when some people are not being served, others may be eligible to receive benefits immediately.
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## Chapter Two

### Certification

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#### Section P

#### Transfer of Certification

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##### **ID Folder/ Transfer Card/ VOC**

At certification, each WIC participant is given a completed Arizona WIC Program identification (ID) folder/transfer card stamped with an Arizona WIC Program seal. The participant can use this document to transfer between Local Agencies within Arizona or to other State WIC programs.

Local Agencies receiving transfers will accept as verification of certification the Arizona WIC Program identification (ID) folder/transfer card or verification of certification (VOC) documents from other states. A document containing the following information is to be considered a valid VOC:

- Name of participant
  - Beginning date of certification
  - Ending date of certification
  - Date of income determination
  - Participant's nutritional risk
  - Signature and printed/typed name of the certifying Local Agency official
  - Name and address of the certifying Local Agency
  - An identification number or other means of accountability
  - Identification of migrancy
- 

##### **Incomplete Verification of Certification (VOC)**

A partially complete VOC will be considered proof of WIC eligibility if it contains the following information:

- Name of participant
  - Beginning date of certification
  - Ending date of certification period
  - Name and address of the certifying Local Agency
- 

*Continued on Next Page*



## Chapter Two

### Certification

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#### Section P

#### Transfer of Certification (Continued)

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##### Retention of VOC

Local Agencies will retain the VOC from the transferring agency in the daily file or participant's file.

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##### Transfer When a Waiting List Exists

An individual transferring into a Local Agency will be allowed to participate (unless there is a waiting list for all priorities) until the designated end of their current certification period.

Local Agencies that have waiting lists will

- Place transferring participants at the top of the list and enroll them before any other person
  - or
  - Enroll transferring participants immediately if some priorities are being served
- 

##### Special Conditions for Infants

Infants transferring to the Arizona WIC Program from State agencies with shorter certification periods than Arizona will have their certification extended to their first birthday when the nutritional risk criteria on the VOC match the Arizona criteria for Priorities I and II. If no nutritional risks are indicated on the VOC, the certification period given on the VOC will be used.

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*Continued on Next Page*

## Chapter Two

### Certification

---

#### Section P

#### Transfer of Certification (Continued)

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##### Transfers (Valid Certification Period)

Transfers who contact a Local Agency requesting services and who are currently in a valid certification period shall be placed on the program immediately, or at the top of the waiting list if the program is not enrolling new applicants. The transfer is placed on the waiting list ahead of all waiting applicants, regardless of the priority under which he/she was initially certified. The transferring participant must then be enrolled before any other person.

Documentation of valid certification shall be a verification of certification (VOC) card which includes:

- The name of the participant
- The date the certification was performed
- The date income eligibility was last determined
- The nutritional risk condition of the participant
- The date the certification period expires
- The signature and printed or typed name of the certifying Local Agency official
- The name and address of the certifying Local Agency
- An identification number or some other means of accountability

**Note:** Participants who arrive in a new service delivery area and show an incomplete VOC card which contains a minimum of the name, certification beginning date and expiration date will be treated as if the VOC card contained all the information. The Local Agency will call the original agency to verify if Food Instruments had been issued within the last thirty (30) days.

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*Continued on Next Page*

## Chapter Two Certification

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### Section P Transfer of Certification (Continued)

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**In-State Transfers** For transfers within the Arizona WIC Program:  
The Local Agency to which the participant is transferring will:

- Verify active status using the AIM system if a transferring person does not present with a valid VOC. Lost documents will be noted in the Notes section of the Family Information screen of the AIM system
- Complete the In-State Transfer screen of the AIM system
- Retain the Arizona WIC Program ID Folder/Transfer Card (See Appendix C), which is the verification of certification (VOC), in the agency's daily or central file, and issue a new one from the current agency

**Note:** A transfer from either the Navajo Nation or Inter Tribal Council of Arizona, Inc. (ITCA) WIC Program is considered an out-of-state transfer.

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**Out-of-State Transfers** For out-of-state transfers within a valid certification period, the Out-of-State Transfer screen of the AIM system will be completed and the VOC will be retained in the agency's daily or central file.

For out-of-state transfers outside a current certification period, a new certification will be completed.

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*Continued on Next Page*

## Chapter Two

### Certification

---

#### Section P

#### Transfer of Certification (Continued)

---

##### Transfers in of Migrants and Native Americans

Local Agencies will ensure the continuation of benefits to migrants, their families, and to Native Americans.

Local Agency transfer of certification procedures will be developed and documented in the Local Agency policy and procedure manual to indicate:

- How transferring migrants, their families, and Native Americans will be identified
- The procedures that will be used to transfer their certification expeditiously

**Note:** In the event that a Local Agency has a waiting list, transferring migrants, their families and Native Americans will be given priority for services.

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## Chapter Two

### Certification

---

#### Section Q

#### Caseload Reduction Due to Funding Shortages

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##### Use of Waiting Lists

The State Agency will notify Local Agencies of the need to remove a certain number of participants from the program and initiate a waiting list when a funding shortage occurs.

If funding shortages become so acute as to necessitate removing participants from the program in the middle of their certification periods, participants will be given a half food package and fifteen (15) calendar days written notice that they are being taken off the program. This written notice will also include the categories of participants whose benefits are being suspended or terminated due to such funding shortages.

Participants will be removed from the program in reverse priority order. That is, those in the lowest priorities will be taken off first and placed on a waiting list following established procedures.

When funding is available to serve additional participants, the persons on the waiting list will be recalled in priority order.

**Note:** Local Agencies may not remove participants from the program in the middle of their certification periods without written approval from the Arizona WIC Director

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## **Chapter Two**

### **Certification**

---

#### **Appendix A: Waiting List Notification form**

---

See Attached

# ARIZONA WIC PROGRAM WAITING LIST NOTIFICATION

Print Applicant's Name Last, First

Mailing Address

City State Zip Code

Telephone Number with Area Code

Home ☐ Message ☐

## This section for clinic use only.

0 1 2 3 4 5 6 7  
(Circle Potential / Actual Priority)

(Date Placed on Waiting List)

Pregnant Breastfeeding Postpartum Infant Child

(Circle Potential / Actual Category)

Complete with: Infant / Child = Date of Birth

or

Pregnant = Estimated Date of Delivery

or

Postpartum / Breastfeeding = Date Pregnancy Ended  
Referral to health and/or food/public assistance program:

☐yes

☐no

**It has been determined that you may meet the criteria to participate in the Arizona WIC Program. Unfortunately at this time funding is not available to provide services to all the applicants who may qualify. You are being placed on a waiting list and will be notified when it is possible for you to apply for program benefits.**

If you wish to appeal this decision, you must request an informal settlement conference and/or a fair hearing. Local Agency staff may assist you in filing your request in writing.

A request for an informal settlement conference must be post-marked within twenty (20) calendar days from the date on this form and addressed to **WIC Director, 150 N. 18<sup>th</sup> Ave., Suite 310, Phoenix, AZ 85007** or **hand-delivered to the Local Agency Director who will forward it to the WIC Director.**

A request for a fair hearing must be post-marked or hand-delivered within sixty (60) calendar days from the date on this form and be addressed to the **Clerk of the Department, Arizona Department of Health Services, 150 North 18<sup>th</sup> Avenue., Suite 500, Phoenix, AZ 85007.**

If you choose, you may be represented by a relative, friend, legal counsel or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

WIC is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age or disability should write to the **USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410** or call (202) 720-5964 (voice and TDD).

Participant Signature

Date

Signature and Title of Clinic Staff

Date

Original copy - applicant  
Second copy - file

## **Chapter Two**

### **Certification**

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#### **Appendix B: Consent/Release Form**

---

See Attached



**CONSENT/RELEASE FORM**  
**Documentation Provided**

Client Name \_\_\_\_\_

Client ID # \_\_\_\_\_

Family # \_\_\_\_\_

Type of document for participant's total household income \_\_\_\_\_

My total household income is \_\_\_\_\_

Type of document for participant's identification: \_\_\_\_\_

Type of document for participant's residence: \_\_\_\_\_

**Consent/Release**

**Yes      No**

I give permission to clinic staff to physically touch my child or me  
to measure height and weight,  
to perform a blood test, and  
to offer breastfeeding instruction.

***Consent/release of records may be withdrawn in writing at any time.***

- I have been given a copy of, and understand, my rights and responsibilities as a WIC or CSFP participant.
- I understand that my WIC information is confidential, except clinic staff will share information on my child or me with other WIC or CSFP Programs or other health and social service programs that would assist and benefit my entry into other healthcare and social services programs.
- I understand I may request, in writing, that my child's or my WIC information be sent to other healthcare programs.
- I understand that a person cannot be in two WIC and/or CSFP Programs at the same time.
- The information I have given WIC or CSFP is true to the best of my knowledge. I understand that WIC or CSFP staff may check the information I am giving them. If I lie or hide information, I understand that I may be prosecuted under State and Federal law, and may have to repay the government.

**NOTE:** If you want to appeal any adverse action, you must request an informal settlement conference and/or a fair hearing. Local agency staff will assist you to file a request for an informal settlement conference or a fair hearing.

A request for an informal settlement conference must be post-marked, or hand-delivered to the Local Agency Director, within twenty (20) calendar days of the receipt of the adverse action to: **WIC Director, 150 N. 18<sup>th</sup> Ave., Suite 320, Phoenix, AZ 85007.**

A request for a fair hearing must be post-marked, or hand-delivered within sixty (60) calendar days of the receipt of the adverse action to: **Clerk of the Department, Arizona Department of Health Services, 150 N. 18<sup>th</sup> Ave., Suite 500, Phoenix, AZ 85007.**

If you choose, a relative, friend, legal counselor or other spokesperson may represent you. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

**In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.**

**To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.**

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Your signature says you understand the above information, and it is accurate. Your signature will cover consent/release until the end of this WIC or CSFP certification period from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of REP 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of REP 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and title of Certifier/Signature of Income Verifier (if different)

\_\_\_\_\_  
Date

## **Chapter Two**

### **Certification**

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#### **Appendix C: Instructions for WIC Identification (I.D.) Folder/Transfer Card**

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See Attached

# Instructions for completing the WIC ID Folder and Transfer Card

## Cover Page

- 1) Stamp Program Seal in the space provided.
- 2) Write in or stamp your Local Agency, clinic number, and address.
- 3) Fill in the appropriate information in the box for each appointment as they are made, including the date and time, the type of appointment and things that need to be brought to the appointment.

## Open the folder

- 1) Write the Family ID number in the appropriate box.
- 2) Write the name(s) of qualified participant(s) and the assigned AIM ID number(s) in the appropriate boxes.
- 3) Fill in the following information for each participant's name:
  - 1) **Fill in the certification dates (start and end)**
  - 2) **Fill in the date that you verified the participant/authorized representative's income.**
  - 3) **List all the applicable nutrition risk codes.**
  - 4) **Is this person a migrant? (circle yes or no)**
  - 5) **If applicable, fill in the date the medical prescription expires**
  - 6) **Print your full name**
  - 7) **Sign your full name**

Read to participant or have them read on their own:

Right side of open folder: **"Your Rights"**

Close right flap: **"What Will Happen at the Store"**  
**"Your Responsibilities"**

Back cover: **"Instructions for Using WIC Food Instruments"**

Go back to the cover page and the person(s) who will pick up the WIC Food Instruments and shop for the foods (**participant/authorized representative**), sign their full name(s) in the space/spaces provided. If there is only one person that will be signing, you must write the word **"VOID"** in **RED** ink in space #2. **(If an additional authorized representative needs to be added at a later date, you must void the original Arizona WIC Program ID Folder and Transfer Card and create a new one.)**

Write the participant/authorized representative's next appointment (**date and time**) in the appointment box. When the participant/authorized representative returns to the office and more appointments are recorded, always remember to cross out the previously recorded appointment.

When a participant no longer qualifies for the WIC program and there are other members of the family that are still qualified, you must write the word **"TERMED"** in **RED** ink across their name and ID Number on the inside of the folder. Also, do this across the **entire** box that contains that participant's certification information within the inside flap.

### What Will Happen at the Store

#### Cashiers will:

- Check the dates on the food instruments. The food instruments **will not** be accepted before or after the valid dates.
- Make sure you buy only the WIC foods in the amounts shown on the food instrument.
- Make sure the signature on your ID folder (or Proxy Form) matches the signature on the food instrument.
- Write in the date and dollar amount on the food instrument.
- Correct an incorrect dollar amount, if there is a mistake by:
  - Drawing one line through the incorrect amount.
  - Write the correct amount in the \$ Correction box.
  - Write their initials in the Cashier Initial box.

#### Cashiers **will not** accept a food instrument when:

- the food instrument looks like it has been changed;
- you do not have your ID folder or Proxy Certification Form with you;
- the food instrument is signed before you go to the store;
- the signature on the food instrument does not match the signature on the ID folder or Proxy Form.

### YOUR RESPONSIBILITIES

- Do not make changes to this ID Folder of the Food Instruments.
- Do not allow someone else other than a WIC certified proxy to use your food instruments or ID Folder.
- Report all lost or stolen food instruments to your WIC Office, immediately.
- Be on time for your WIC appointment. If you cannot keep an appointment, call your local WIC office **before** your scheduled appointment.
- Attend schedule nutrition education.
- You may only enroll in one (1) WIC or one (1) Commodity Supplemental Food Program (CSFP or Food Plus) at any given time. You cannot get WIC food instruments and receive a CSFP food box during the same month for the same person.

### Suspensions

If the WIC program rules are not followed, you may be suspended. In most cases you will first receive a verbal warning, then a written warning before you are suspended. If you do not understand the WIC program rules, call your WIC office or the WIC hotline at 1-800-2525-WIC.

anywhere in Arizona.  
State WIC Office at 1-800-2525-WIC. This is a free call from  
If you have other questions, ask to speak with a supervisor or call the  
the right to ask your WIC staff to explain them to you.

4. If you do not understand your rights or responsibilities you have  
taken. Your WIC office will help you request a meeting or hearing.  
You may file a written request for a formal hearing (fair hearing) within  
sixty (60) calendar days of the date you were notified of the action

OR

were notified of the action taken.  
You may file a written request for an informal meeting (show cause) with  
your WIC office start within ten (10) calendar days of the date you  
were notified of the action taken.

3. If you are given a verbal or written warning, suspended,  
disqualified or determined ineligible for the WIC program, you  
have the right to ask for a review and reevaluation of the action  
taken.

2. If you do not pick up your WIC food instruments for two (2)  
months in a row, you will be dropped from the Arizona WIC  
Program.

1. If you cannot pick up your food instruments, you may send a  
relative or friend who is 18 years old or older to the WIC Office  
as a proxy. The proxy should bring this ID folder and a note from  
you giving him or her permission to pick up your WIC food  
instruments. If you have questions, call your WIC Office.

### Your Rights

↓ FIRST MONTH'S FOOD INSTRUMENTS ↓ SECOND MONTH'S FOOD INSTRUMENTS ↓ THIRD MONTH'S FOOD INSTRUMENTS ↓

### Instructions for Using WIC Food Instruments

- Shop only at Arizona WIC approved stores. Your WIC Office will give you a list of stores near your home or you may look for the "We Accept Arizona WIC Food Instruments" decal posted at the store.
- Use your food instruments only from the "first date to use" through the "last date to use" shown on the food instrument. "Remember, the "last date to use" can be different than your next appointment.
- Buy only the foods and amounts shown on the food instrument.
  - You cannot accept rain checks. If the store does not have all the food you need, check with the store manager or go to another store to shop. Report this problem to your WIC office or complete the "Participant Complaint Reporting Card".
  - At the check out lane, group the WIC foods as listed on the food instrument. Make sure you keep each food instrument purchase separate. **Do not** include other purchases with your food instruments.
  - Help the WIC program by using coupons and buying in larger sizes.

#### Note: You cannot use coupons when buying infant formula.

- Show your WIC ID Folder (or Proxy Form) and the food instrument to the cashier before your items are rung up.
- Remember, at the store, sign in the white area of the food instrument. The same person that signed the WIC ID folder (or Proxy Form) must sign the food instrument in front of the cashier at the store. The two (2) signatures should match.
- Make sure the cash register receipt is correct and does not include tax and is not more than the \$200 food instrument limit. The receipt should list only the food purchased with one (1) food instrument. Only purchase WIC approved foods.
- Be courteous to the cashier. If you have any questions or if you have any problems cashing your food instruments (contact your WIC office or complete the "Participant Complaint Reporting Card" or call 1-800-2525-WIC (Monday - Friday 8:00 AM - 5:00 PM))

WIC is available to all without regard to race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten building, 14th and Independence Avenue, SW, Washington, D.D. 20250-9410 or call (202) 720-5864 (voice and TDD). USDA is an equal opportunity provider and employer.

### Arizona WIC Program ID Folder/Transfer Card



### Helping Arizona Families Grow Strong

Date	Time	WIC Staff Initials	FI Pickup	Nutrition Ed	Re-cert	Shot Record	Bring proof of Income, ID and Residency	Bring Child (Name)

### Signature of Authorized Representative

1.
2.

Not valid without the Local Agency WIC office address stamp.

If this ID Folder/Transfer card is found please return to the address above



### CERTIFICATION INFORMATION

FAMILY ID NUMBER:		Name of Participant	ID Number	Cert. Start	Cert. Ends	Re-Cert. Date	Income Date	Risk Codes	Migrant Status	RX Expires
1.										
2.										
3.										
4.										
5.										
6.										
7.										

WIC Staff Name and Signature: \_\_\_\_\_

↓ INSTRUMENTOS DE COMIDA PARA EL PRIMER MES ↓ INSTRUMENTOS DE COMIDA PARA EL SEGUNDO MES ↓ INSTRUMENTOS DE COMIDA PARA EL TERCER MES

## **Chapter Two**

### **Certification**

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#### **Appendix D: Documentation of Waiver Form**

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See Attached

**ARIZONA WIC PROGRAM**  
**Documentation of Waiver Form**

**For the following situations, issue one month of Food Instruments:**

- ☐ Documentation of the following exists but was not brought to the appointment. Check all that apply:

- ☐ Proof of Income
- ☐ Proof of Address
- ☐ Proof of Identification

**If I qualify for the program, I will be given one (1) month of Food Instruments. I, \_\_\_\_\_ understand that the above documents are required for WIC certification. If I do not bring the existing required document(s) to my next WIC appointment/visit, within 30 days, I will not be able to participate in the WIC program.**

**Authorized Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WIC Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For the following situations, the applicant, if qualified, can be enrolled on WIC for the entire certification period:**

**Income**

- ☐ For Applicants or Authorized Representatives with inadequate income documentation or those that do not have income documentation because the documentation does not exist:

I declare my total gross household income is \$ \_\_\_\_\_ per

- ☐ Week
- ☐ Every other week
- ☐ Month
- ☐ Year

Reason for inadequate or no documentation: \_\_\_\_\_

- ☐ For Applicants or Authorized Representatives with **ZERO** income. I declare my total gross household income is **ZERO**. I understand that I can only declare **ZERO** income one time.

I am getting food from: \_\_\_\_\_

I am getting housing from: \_\_\_\_\_

**Address or Identification**

- ☐ For Applicants or Authorized Representatives with do not have documentation of address and/or identification because the documentation does not exist:

Address is: \_\_\_\_\_

Reason for no proof of address or identification: \_\_\_\_\_

**I, \_\_\_\_\_, verify the above information is correct. I understand that providing incorrect or misleading information can result in criminal charges and/or paying the Arizona Department of Health Services, in cash, the value of the food benefits improperly received.**

**Authorized Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WIC Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Chapter Two Certification**

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### **Appendix E: Income Guidelines**

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See Attached



ARIZONA WIC/CSFP PROGRAM INCOME GUIDELINES  
EFFECTIVE: April 1, 2005

One Family Member				Two Family Members				Three Family Members				Four Family Members				Five Family Members				% DHHS Income Guide    Income Code	
Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Week	2 Wks	Month	Year		
0 to 185	0 to 369	0 to 798	0 to 9570	0 to 247	0 to 494	0 to 1070	0 to 12830	0 to 310	0 to 619	0 to 1341	0 to 16090	0 to 373	0 to 745	0 to 1613	0 to 19350	0 to 435	0 to 870	0 to 1885	0 to 22610	100% or less	1
186 to 229	370 to 459	799 to 996	9571 to 11962	248 to 307	495 to 616	1071 to 1336	12831 to 16037	311 to 386	620 to 773	1342 to 1675	16091 to 20112	374 to 464	746 to 929	1614 to 2015	19351 to 24187	436 to 543	871 to 1086	1886 to 2354	22611 to 28262	101% to 124%	2
230 239 275	460 479 551	997 1037 1195	11963 12441 14354	308 321 369	617 642 739	1337 1390 1603	16038 16679 19244	387 402 463	774 805 927	1676 1743 2010	20113 20917 24134	465 484 557	930 968 1115	2016 2096 2418	24188 25155 29024	544 565 651	1087 1131 1303	2355 2449 2825	28263 29393 33914	125% 130%* 149%	3
276 to 321	552 to 643	1196 to 1395	14355 to 16747	370 to 431	740 to 863	1604 to 1870	19245 to 22452	464 to 541	928 to 1082	2011 to 2346	24135 to 28157	558 to 650	1116 to 1301	2419 to 2821	29025 to 33862	652 to 760	1304 to 1521	2826 to 3296	33915 to 39567	150% to 174%	4
322 to 341	644 to 681	1396 to 1476	16748 to 17705	432 to 457	864 to 913	1871 to 1978	22453 to 23736	542 to 573	1083 to 1145	2347 to 2481	28158 to 29767	651 to 689	1302 to 1377	2822 to 2984	33863 to 35798	761 to 805	1522 to 1609	3297 to 3486	39568 to 41829	175% to 185%	5
342 and over	682 and over	1477 and over	17706 and over	458 and over	914 and over	1979 and over	23737 and over	574 and over	1146 and over	2482 and over	29768 and over	690 and over	1378 and over	2985 and over	35799 and over	806 and over	1610 and over	3487 and over	41830 and over	more than 185%	8
Six Family Members				Seven Family Members				Eight Family Members				For Each Additional Family Member Add				Automatic Eligibility @ Income Code 6 if eligible (E) or presumptively eligible (PE) for:  *TANF (AFDC) (E or PE) *AHCCCS (E or PE) *FOOD STAMPS (E) *Food Distribution Program on Indian Reservations-FDPIR (E)				% DHHS Income Guide    Income Code	
Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Week	2 Wks	Month	Year						
0 to 498	0 to 995	0 to 2156	0 to 25870	0 to 561	0 to 1121	0 to 2428	0 to 29130	0 to 623	0 to 1246	0 to 2700	0 to 32390	0 to 63	0 to 126	0 to 272	0 to 3260					100% or less	1
499 to 621	996 to 1243	2157 to 2694	25871 to 32337	562 to 699	1122 to 1400	2429 to 3033	29131 to 36412	624 to 778	1247 to 1556	2701 to 3373	32391 to 40487	64 to 77	127 to 156	273 to 339	3261 to 4074					101% to 124%	2
622 647 745	1244 1294 1492	2695 2803 3233	32338 33631 38804	700 728 839	1401 1457 1680	3034 3156 3640	36413 37869 43694	779 810 933	1557 1620 1868	3374 3509 4048	40488 42107 48584	78 82 93	157 163 187	340 353 407	4075 4238 4889					125% 130%* 149%	3
746 to 870	1493 to 1740	3234 to 3772	38805 to 45272	840 to 979	1681 to 1960	3641 to 4247	43695 to 50977	934 to 1089	1869 to 2179	4049 to 4723	48585 to 56682	94 to 109	188 to 218	408 to 474	4890 to 5704					150% to 174%	4
871 to 921	1741 to 1841	3773 to 3989	45273 to 47860	980 to 1037	1961 to 2073	4248 to 4491	50978 to 53891	1090 to 1153	2180 to 2305	4724 to 4994	56683 to 59922	110 to 116	219 to 232	475 to 503	5705 to 6031					175% to 185%	5
922 and over	1842 and over	3990 and over	47861 and over	1038 and over	2074 and over	4492 and over	53892 and over	1154 and over	2306 and over	4995 and over	59923 and over	117 and over	233 and over	504 and over	6032 and over					more than 185%	8

\* 130% of poverty is the upper maximum income for seniors enrolling in CSFP

## **Chapter Two**

### **Certification**

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#### **Appendix F: Arizona WIC Risk Table, FY 2006**

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See Attached

### Arizona WIC Risk Table FY 2006

X: Requires documentation by a Physician or Primary Care Provider.

XX: Requires documentation by a Physician, Primary Care Provider, or Nutritionist.

XXX: Requires documentation by Physician, Primary Care Provider, Nutritionist, or Competent Professional Authority.

XS: Self-reported by the applicant/participant/caregiver as a diagnosis received from a Physician.

Code	Risk Name	Priority-PG	Priority-BF	Priority-PP	Priority-Infant	Priority-Child	Doc	Mandatory Nutritionist Referral
101	Underweight (Woman)	1	1	3				X
103	Underweight or At Risk of Becoming Underweight (Infants & Children)				1	3		X
111	Overweight (Women)	1	1	6				
113	Overweight (Children 2-5 years of age)					3		
121	Short Stature or At Risk of Short Stature				1	3		
131	Low Maternal Weight Gain	1						X
132	Maternal Weight Loss	1						X
133	High Maternal Weight Gain	1	1	6				
134	Failure to Thrive				1	3	XS	X
141	Low Birth Weight (Children less than 24 months)				1	3		X
142	Prematurity (Children less than 24 months)				1	3		X
151	Small for Gestational Age (Children less than 24 months)				1	3	XS	
153	Large for Gestational Age				1			
201	Anemia	1	1	3	1	3		X (see table)
211	Lead Poisoning	1	1	3	1	3	XS	
301	Hyperemesis Gravidarum	1					XS	
302	Gestational Diabetes	1					XS	X
303	History of Gestational Diabetes	1	1	6			XS	
311	History of Premature Delivery	1	1	6				
312	History of Low Birth Weight	1	1	6				
321	History of Fetal or Neonatal Loss	1	1	6				
331	Pregnancy at a Young Age	1	1	3				
332	Closely Spaced Pregnancies	1	1	3				
333	High Parity and Young Age	1	1	3				
334	Inadequate Prenatal Care	1						
335	Multi-fetal Gestation	1	1	6				
336	Delayed Uterine Growth	1					XS	

Code	Risk Name	Priority-PG	Priority-BF	Priority-PP	Priority-Infant	Priority-Child	Doc	Mandatory Nutritionist Referral
337	History of Large for Gestational Age	1	1	6			XS	
338	Pregnant Woman Breastfeeding	1						
339	History of Birth with a Congenital Defect	1	1	6			XS	
341	Nutrient Deficiency Disease	1	1	6	1	3	XS	X
342	Gastro-Intestinal Disorders	1	1	6	1	3	XS	
343	Diabetes Mellitus	1	1	6	1	3	XS	
344	Thyroid Disorders	1	1	6	1	3	XS	
345	Hypertension	1	1	6	1	3	XS	
346	Renal Disease	1	1	6	1	3	XS	
347	Cancer	1	1	6	1	3	XS	
348	Central Nervous System Disorders	1	1	6	1	3	XS	
349	Genetic & Congenital Disorders	1	1	6	1	3	XS	
350	Pyloric Stenosis				1		XS	
351	Inborn Errors of Metabolism	1	1	6	1	3	XS	
352	Infectious Diseases	1	1	6	1	3	XS	
353	Food Allergies	1	1	6	1	3	XS	
354	Celiac Disease	1	1	6	1	3	XS	
355	Lactose Intolerance	1	1	6	1	3	XX	
356	Hypoglycemia	1	1	6	1	3	XS	
358	Eating Disorders	1	1	6			XS	
359	Recent Surgery, Trauma, Burns	1	1	6	1	3	X	
360	Other Medical Conditions	1	1	6	1	3	XS	
361	Depression	1	1	6		3	XS	
362	Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat	1	1	6	1	3	X	
371	Maternal Smoking	1	1					
372	Alcohol and Illegal Drug Use	1	1	3				
381	Dental Problems	1	1	6	1	3	XXX	
382	Fetal Alcohol Syndrome				1	3	XS	
401	Failure to Meet USDA/DHHS Dietary Guidelines for Americans	4	4	6		5	XXX	
402	Vegan Diets	4	4	6	4	5		

Code	Risk Name	Priority-PG	Priority-BF	Priority-PP	Priority-Infant	Priority-Child	Doc	Mandatory Nutritionist Referral
403	Highly Restrictive Diets	4	4	6	4	5		
411	Inappropriate Infant Feeding				4			
412	Early Introduction of Solid Foods				4			
413	Feeding Cow's Milk During the First 12 Months				4			
414	No Dependable Source of Iron After 6 Months of Age				4			
415	Improper Dilution of Formula				4			
416	Feeding Other Foods Low in Essential Nutrients				4			
417	Lack of Sanitation				4			
418	Infrequent Breastfeeding as Sole Source of Nutrients				4			
419	Inappropriate Use of Nursing Bottles				4	5		
420	Excessive Caffeine		4					
421	Pica	4	4	6		5		
425	Inappropriate Feeding Practices					5		
501	Possibility of Regression		4	7		5	XXX	
502	Transfer of Certification	0	0	0	0	0		
503	Presumptive Eligibility for PG Women	4						
601	Woman Breastfeeding an Infant at Nutritional Risk		1,2,4					
602	Breastfeeding Complications (BF)		1					X
603	Breastfeeding Complication(s)				1			X
701	Infant Up To 6 Months of Age Born to WIC Mother or WIC-Eligible Mother				2			
702	Infant Being Breastfed by a Woman at Nutritional Risk				1,2,4			
703	Infant Born of Woman with Mental Retardation, Alcohol, Drug Abuse				1		XS	
801	Homelessness	4	4	6	4	5		
802	Migrancy	4	4	6	4	5		
901	Recipient of Abuse	4	4	6	4	5		
902	Woman or Infant/Child of Primary Caregiver with Limited Ability	4	4	6	4	5	X (mental illness only)	
903	Foster Care	4	7	7	4	5		

## **Chapter Two**

### **Certification**

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#### **Appendix G: Risk Factors Not Currently Recognized by Arizona Table**

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See Attached

## Risk Factors Not Currently Recognized By Arizona

Code	Risk Name	Priority-PG	Priority-BF	Priority-PP	Priority-Infant	Priority-Child
114	At Risk of Becoming Overweight				1	3
135	Inadequate Growth				1	3
152	Low Head Circumference				1	1
357	Drug Nutrient Interactions	1	1	3, 4, 5, or 6	1	3
422	Inadequate Diet	4	4	6	4	5
423	Inappropriate or Excessive Intake of Dietary Supplements/Herbs	4	4	6	4	5
424	Inadequate Vitamin/Mineral Supplementation	4			4	5
426	Inadequate Folic Acid		4	6		

## **Chapter Two**

### **Certification**

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#### **Appendix H: Dietary Assessment Instructions**

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See Attached



# Dietary Assessment Instructions

## Arizona WIC Program Diet Assessment Screening Tool Instructions

### Background:

Arizona purchased the Hawaii Diet Assessment Screening Tool for incorporation into the AIM system. This “paper tool” for **screening** a participant’s diet was adapted from the diet screening tool that the Coconino County WIC Program/John Kelty, R.D. developed.

The number of dietary exchanges (or servings) were adopted from the Hawaii version and compared to the Dietary Recommended Intakes (DRI’s) for each participant’s category. The dietary assessment serving sizes for combination foods were calculated by utilizing the Nutritionist IV program and rounding serving sizes when necessary.

### Instructions for Use:

1. Have the participant or authorized representative complete the 24-Hour Recall. Remind client to list all food and drink consumed in a one day period, including amounts of each item and including any snacks.
2. Staff reviews the 24-Hour Recall for completeness and prompts the participant/authorized representative for missing serving sizes and missing condiments (i.e., if client consumed a salad, was there dressing on it?).
3. Compare 24-Hour Recall with the Arizona WIC Program Dietary Assessment Serving Sizes list and the Combination Foods list. Shade in each serving of a food group on the Daily Food Guide Pyramid. **Note:** For the fats, oils, and sweets group, you will need to tally the total number of servings in the tip of the pyramid. **Remember to add 1 serving of fat for each serving of cheese, fried foods, chips, ice cream, and whole milk consumed.**
4. Compare the total number of servings consumed for each food group of the Food Guide Pyramid with the recommended number of servings for each food group.

The outcome of the Diet Assessment may be one of the following:

- If a client is consuming fewer than the minimum number of servings for any one of the following groups: grains, vegetables, fruits, milk, or meat group, then the participant will be assigned Risk 401, Inadequate Diet, and will be counseled immediately.
- If a client is consuming more fats, oils, and/or sweets than recommended, then the Risk 401 will be assigned, and the client will be counseled accordingly.
- If a client is consuming more than the maximum number of servings for any one of these same food groups (grains, vegetables, fruits, milk, or meat group), a risk will not be assigned but appropriate nutrition education will occur.

- If a client is consuming the recommended amounts of all food groups, then congratulate the client. Risk 401 will not be assigned.

### **IMPORTANT NOTES:**

If a participant answers no to the question, “Is this a typical day’s eating pattern?” staff will ask the participant what needs to be added or deleted to make this representative of a typical day (Training issue).

On the Combination Foods list, the cut-off for determining a fat serving was 5g of fat. For example, Luncheon Meat - Salami was not given a fat serving because a serving only has 3g of fat (according to Nutritionist IV software).

Meat servings for children were expanded to reflect 2-3 servings instead of just 2 servings. This was a joint decision made by the nutrition team to possibly help with our state’s high anemia rates. Some footnotes were added on the serving size sheet to address the different amounts.

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date \_\_\_\_\_

## 24 Hour Recall

Please write down all food and drink for one complete day, including snacks.

**Sample:**

**1/2 cups**

**Orange Juice**

**Morning:**

**Evening:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Lunch:**

**Snacks:**

_____	_____
_____	_____
_____	_____
_____	_____

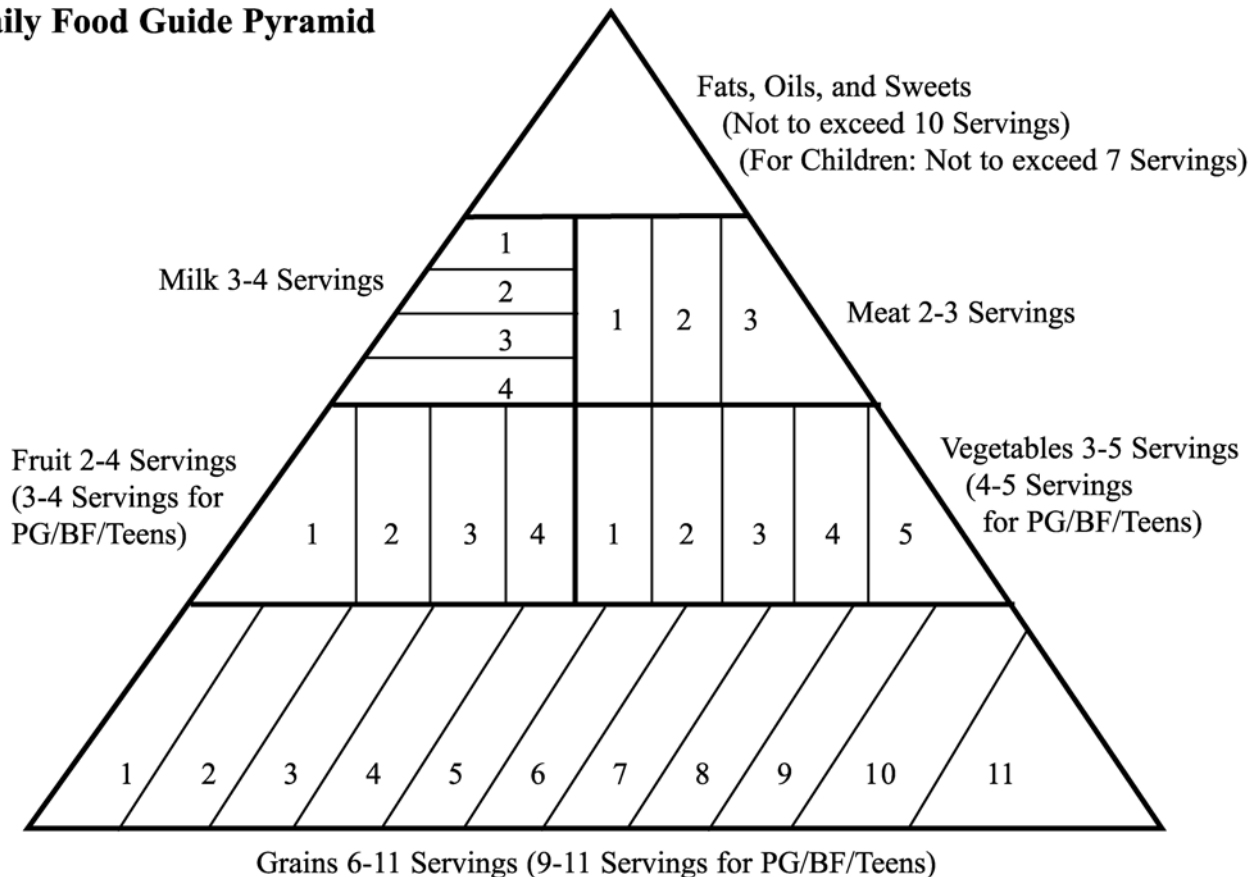
_____	_____
_____	_____
_____	_____
_____	_____

Is this a typical day's eating pattern? Y or N  
Additional comments (i.e., special diets, allergies)

_____	_____
-------	-------

Please do not write below this line

## Daily Food Guide Pyramid



Arizona WIC Program Dietary Assessment Serving Sizes		
Food Group	Serving Sizes for Children 2-4*	Serving Sizes for Teens and Women
Milk, Yogurt and Cheese	<p>Servings Per Day: 4</p> <p>½ cup milk or yogurt  ½ cup soy milk, calcium fortified  ¾ ounce natural cheese  1 ounce processed cheese  ½ cup pudding ½ cup frozen yogurt</p>	<p>Servings Per Day:</p> <p>Postpartum women &gt;18:3-4  Pregnant Women/Teens: 3-4</p> <p>1 cup milk or yogurt  1 cup soy milk, calcium fortified  1 ½ ounce natural cheese  2 ounces processed cheese  2 cups cottage cheese  1 cup pudding  1 cup frozen yogurt</p>
<p>Meat, Poultry, Fish, Dry Beans, Eggs and Nuts</p> <p>Counseling Tips</p> <p>*** Amounts from this group should total 5 ounces a day for 4-6 year olds and about 3.5 ounces a day for 2-3 year olds.</p> <p>**** Amounts from this group should total 7 ounces a day.</p> <p>***** <b>May cause choking in 2-3 year old children.</b></p>	<p>Servings Per Day: 2-3***</p> <p>2-3 ounces of lean meat, poultry or fish</p> <p>Counts as 1 ounce lean meat:</p> <p>½ cup cooked dry beans  2 tablespoons peanut butter *****  1 egg  ¼ cup tuna or salmon  2 slices bologna or luncheon meat  ½ cup tofu  1/3 cup nuts or seeds *****</p>	<p>Servings Per Day: ****</p> <p>Postpartum Women: &gt;18:2-3 servings  Pregnant women/Teens: 2-3 ounces of lean meat, poultry or fish</p> <p>Counts as 1 ounce lean meat:</p> <p>½ cup cooked dry beans  2 tablespoons peanut butter  1 egg  ¼ cup tuna or salmon  2 slices bologna or luncheon meat  ½ cup tofu 1/2 cup nuts or seeds</p>

Arizona WIC Program Dietary Assessment Serving Sizes		
Food Group	Serving Sizes for Children 2-4*	Serving Sizes for Teens and Women
Fats, Oils and Sweets (Use Sparingly)	<p>Not to Exceed Servings Per Day: 7</p> <p>Fat: 1 teaspoon butter, margarine or mayonnaise 2 tablespoons sour cream 1 ounce cream cheese Add 1 serving fat for each of these foods: cheese, fried food, chips, ice cream, whole milk</p> <p>Sugar (count as 1 serving):</p>	<p>Not to Exceed Servings Per Day: Postpartum Women &gt;18: 10 Pregnant Women/Teens: 10</p> <p>Fat: 1 teaspoon butter, margarine or mayonnaise 2 tablespoons sour cream 1 ounce cream cheese Add 1 serving fat for each of these foods: cheese, fried food, chips, ice cream, whole milk</p> <p>Sugar (count as 1 serving):</p>
	<p>6 ounces cola ½ cup fruit drink or Kool Aid 1 ounce chocolate bar ¼ cup gelatin ½ cup ice cream/frozen yogurt ½ piece cake or pie</p>	<p>12 ounces cola 1 cup fruit drink or Kool Aid 2 ounce(s) chocolate bar ½ cup gelatin 1 cup ice cream/frozen yogurt 1 piece cake or pie</p>

\*Children 2 to 3 years of age need the same variety of foods as 4 to 6 year olds but may need fewer calories. A good estimate of a serving for a 2 to 3 year old child is about 2/3 of what counts as a regular Food Guide Pyramid serving. Meat servings for children were expanded to reflect 2-3 of what counts as a regular Food Guide Pyramid serving. Meat servings for children were expanded to reflect 2-3 servings instead of 2 servings to address the state's high anemia rates.

#### References:

The Food Guide Pyramid. United States Department of Agriculture, Human Nutrition Service, Home and Garden Bulletin 252, 1992.

Tips for Using the Food Guide Pyramid for Young Children 2 to 6 Years Old. United States Department of Agriculture, Center for Nutrition Policy and Promotion, Nutrition Insights #11, March 1999. Using the Food Guide Pyramid: A Resource for Nutrition Educators. United States Department of Agriculture, Center for Nutrition Policy and Promotion, 1998.

**Arizona WIC Program – Dietary Assessment Serving Sizes – Combination Foods**

Food	Bread	Vegetable	Fruit	Milk	Meat	Fat	Sugar	Calories
1-2 cups Beef Stew	1	1			2			220
5 oz Burrito, Bean	2				2	2		358
5 oz Burrito, Beef	2				3	2		460
Cheeseburger (small) on bun	2			½	2	2		320
2" slice cheesecake	1					4		257
6 Chicken Nuggets	1				2	3		300
1 Chimichanga	2				2	4		425
1 Enchilada, Beef	2							319
1 Enchilada, Cheese	2							319
1 small French Fries		1						210
1 sl. Luncheon Meat – Bologna								90
1 sl. Luncheon Meat – Pickle Loaf								80
1 sl. Luncheon Meat – Salami								40
2 cups Macaroni and Cheese	2			1		2		358
1 cup Milkshake				1		1	1	264
1 c. Noodle Soup – Chicken	1				1			74
2 c. Pasta Salad	1	1				3		240
1/8 10 in. Pizza, Cheese	1			1				140
2 cup Potato Salad		1				3		358
1 c. Sopa Seca de Arroz/rice soup	3							375
1 c. Stir Fry, Chicken & Pasta	2	2			2			300
6 in. Sub Sandwich (w/meat)	2	1**			2	1		456
1 Tostada	1	1			1	2		292
8 oz. Yogurt, Fruited, Low-fat				1			3	239

## **Chapter Two**

### **Certification**

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#### **Appendix I: Participant Reporting Card**

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See Attached

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## **Chapter Two**

### **Certification**

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#### **Appendix J: Envelope Template for Food Instrument**

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See Attached

**Do Not Use These Checks Until / /**

**\*\*\*\*\***

**Do Not Use These Checks Until / /**

## **Chapter Two**

### **Certification**

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#### **Appendix K: Notification of Ineligibility Form**

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See Attached

**ARIZONA WIC/CSF PROGRAMS  
NOTIFICATION OF INELIGIBILITY**

Applicant's Name: \_\_\_\_\_

**You have been found ineligible to participate in the WIC ☐ or CSFP ☐ (check only one) Program for the following reason(s):**

**WIC**

- 
- 
- 

**CSFP**

- 
- 
- 

**Health and/or Public Assistance Program referral made:**    **yes** ☐    **no** ☐

If any of the above changes, you may reapply for services.

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within twenty (20) calendar days for an informal settlement conference or sixty (60) calendar days for a fair hearing of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought.

An **INFORMAL SETTLEMENT CONFERENCE** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting. A decision is made at the end of the meeting. You have the right to request an informal settlement conference. If you request an informal settlement conference, the agency shall notify you at least ten (10) calendar days before the conference, after having received the request. The notice will explain the informal conference location, time and procedures. This request must be post-marked or hand-delivered to the Local Agency Director no later than twenty (20) calendar days from the date of receipt of this notice. Local Agency staff may assist you in filing your request in writing

To request an Informal Settlement Conference, submit the request in writing to:

WIC Director  
150 North 18<sup>th</sup> Avenue, Suite 310  
Phoenix, AZ 85007

or hand deliver to Local Agency WIC Director who will immediately forward to the WIC Director.

If you do not wish to request an informal settlement conference, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of informal settlement conference. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this notice to post-mark or hand-deliver a written request for a fair hearing. The request must contain a statement of facts, the reasons you believe you are entitled to a fair hearing, and the relief sought. Local Agency staff may assist you in filing your request in writing

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a Fair Hearing, submit your request in writing to:

Arizona Department of Health Services  
Clerk of the Department  
150 North 18<sup>th</sup> Avenue, Suite 500  
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits, if you file your appeal within fifteen (15) calendar days from receipt of this notice, during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

**In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.**

**To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.**

For participants in a valid certification period only: \_\_\_\_\_

Participants are advised in writing fifteen (15) calendar days prior to the end of program benefits. Your WIC Program benefits will end on \_\_\_\_\_

Applicant/caretaker signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Chapter Two Certification**

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### **Appendix L: Proxy Certification Form**

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See Attached

## PROXY CERTIFICATION

### ARIZONA WIC PROGRAM

I, \_\_\_\_\_  
understand that I will be allowed to accept WIC Food Instruments and  
buy WIC authorized foods for:

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Name

**I also understand that I must follow all WIC rules including:**

- Shop only at WIC authorized stores
- Buy only the foods listed on the Food Instrument
- Give all foods bought to the participant
- Save the receipts for the foods bought and give them to the participant
- Use the Food Instruments only during the dates in which they are valid.

**Finally, I understand that misuse of drafts is against the law and that  
offenders will be will be prosecuted.**

**The undersigned person is authorized to accept and use WIC Food Instruments**

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

\_\_\_\_\_  
Proxy signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of clinic staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and title of clinic staff

## CERTIFICADO DE AUTORIDAD

### PROGRAMA WIC DE ARIZONA

Yo, \_\_\_\_\_  
entiendo que me sera permitido aceptar los cheques de WIC y  
comprar los alimentos autorizados por WIC para:

\_\_\_\_\_  
Nombre de participante

\_\_\_\_\_  
Nombre de participante

\_\_\_\_\_  
Nombre de participante

\_\_\_\_\_  
Nombre de participante

\_\_\_\_\_  
Nombre de participante

\_\_\_\_\_  
Nombre de participante

**Ademas entiendo que debo seguir las reglas de WIC incluyendo:**

- Comprar solo en las tiendas autorizadas por WIC
- Comprar solo los alimentos apuntados en el cheque
- Dar todos los alimentos al participante
- Obtener los recibos de la tienda de los alimentos comprados y entregalos  
al participante
- Usar los cheques solamente durante el tiempo en que son validos

**Finalmente, comprendo que el mal uso de los cheques es contra la ley y los  
ofensores seran sujeto a la prosecucion**

**La persona firmante es autorizada para aceptar y usar los cheques de WIC**

**DESDE** \_\_\_\_\_ **HASTA** \_\_\_\_\_

\_\_\_\_\_  
Firma de autorizado(a)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma de personal de la clinica

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Escriba con letra de molde el titulo del personal de la clinica

## **Chapter Two**

### **Certification**

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#### **Appendix M: Managing Caseload**

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See Attached

## **Documents to Accompany “Monitoring Your Monthly Caseload” and “Flow Sheet for Monitoring Caseload”**

WIC Participation Log/Report = A

Issuance Participation = B

Maintenance Activity Summary = C

Participant Recertification Due  
Summary = D

Participant Termination Due  
Summary = E



**WIC PARTICIPATION LOG <sup>A</sup>**  
**FFY 2005 (10/01/2004 - 09/30/2005)**

Agency	CASELOAD ASSIGNED	AMEND	OCT 04 CLOSED	NOV 04 CLOSED	DEC 04 CLOSED	JAN 05 CLOSED	FEB 05 CLOSED	MAR 05 INITIAL	APR 05 INITIAL	MAY 05	JUN 05	JUL 05	AUG 05	SEP 05	PARTIC- IPATION	YTD ASSIGN	% SERVED
1 APACHE	600		484	490	476	479	483	467	481						3,360	4,200	80.0%
2 COCHISE	5,000		4,829	4,828	4,662	4,706	4,628	4,504	4,394						32,551	35,000	93.0%
3 COCONINO	4,300		4,021	3,980	3,929	3,958	3,778	3,836	3,741						27,243	30,100	90.5%
4 GILA	950		1,047	1,079	1,063	1,083	968	967	998						7,205	6,650	108.3%
5 GRAHAM	1,350		1,281	1,281	1,258	1,301	1,252	1,233	1,245						8,851	9,450	93.7%
6 GREENLEE	300		262	260	253	244	257	235	229						1,740	2,100	82.9%
7 MARICOPA	86,500		85,027	82,686	81,838	83,356	82,298	84,474	84,538						584,217	605,500	96.5%
8 MOHAVE	5,000		4,546	4,471	4,396	4,441	4,278	4,331	4,326						30,789	35,000	88.0%
9 NAVAJO	1,800		1,968	2,015	1,965	1,961	1,919	1,894	1,874						13,596	12,600	107.9%
10 PIMA	16,700	17,700	17,260	16,682	16,380	16,131	15,581	15,859	15,722						113,615	117,900	96.4%
11 PINAL	7,700		7,546	7,494	7,261	7,266	7,230	7,093	7,100						50,990	53,900	94.6%
13 YAVAPAI	5,000		4,236	4,271	4,290	4,375	4,278	4,277	4,311						30,038	35,000	85.8%
14 YUMA CO	7,600		8,042	8,060	7,892	7,942	7,553	7,600	7,609						54,698	53,200	102.8%
17 COCOPAH	210		171	169	165	172	176	180	163						1,196	1,470	81.4%
27 MARANA	2,600		2,375	2,332	2,344	2,347	2,341	2,386	2,568						16,693	18,200	91.7%
28 CLINICA	7,000		6,650	6,769	6,790	6,847	6,994	6,970	6,992						48,012	49,000	98.0%
29 EL RIO	1,700		1,627	1,623	1,708	1,679	1,666	1,702	1,680						11,685	11,900	98.2%
30 MARIPOSA	2,500		2,331	2,298	2,192	2,203	2,155	2,066	2,094						15,339	17,500	87.7%
33 AJO (Desert Senita)	150		61	56	64	77	77	73	72						480	1,050	45.7%
34 MOUNTAIN PARK	2,000		1,132	1,330	1,536	1,753	1,852	2,177	2,404						12,184	14,000	87.0%
	158,960		154,896	152,174	150,462	152,321	149,764	152,324	152,541						1,064,482	1,113,720	95.6%
			154,740	152,116	150,136	152,232	149,447										

05/20/05

Issuance Participation Month: SEP FFY: 2004

Local	00	Clinic	00	Agency Name: OFFICE OF CHRONIC DISEASE PREVENTION AND NUTRITION SERVICES										
Current Status	EN	PN	P	PG1	PG2	IFF	IEN	IPN	C1	C2	C3	C4	Total	PCT%
White Enrolled	1494	1718	3282	286	4827	8753	1627	2392	6943	5530	4704	4298	45854	0
Participating	1235	1369	2742	238	3863	7080	1324	1869	5529	4550	3833	3549	37181	23.82
Non Participating	259	349	540	48	964	1673	303	523	1414	980	871	749	8673	28.48
Black Enrolled	66	348	615	49	702	1730	92	501	1344	1063	933	851	8294	4.45
Participating	49	278	498	38	526	1391	73	389	1051	841	736	680	6550	4.20
Non Participating	17	70	117	11	176	339	19	112	293	222	197	171	1744	5.73
Hispanic Enrolled	1078	8047	7812	1260	12191	20201	1191	10578	19776	16740	14505	13385	126764	67.94
Participating	915	6881	6601	1081	10429	17265	981	8893	16863	14190	12427	11376	107902	69.11
Non Participating	163	1166	1211	179	1762	2936	210	1685	2913	2550	2078	2009	18862	61.94
Native Amer. Enrolled	66	165	234	30	309	638	85	229	571	439	387	375	3528	1.89
Participating	53	127	194	27	242	491	58	171	450	358	305	318	2794	1.79
Non Participating	13	38	40	3	67	147	27	58	121	81	82	57	734	2.41
Asian Enrolled	29	110	161	2	239	454	25	158	344	258	211	144	2135	1.14
Participating	24	84	138	1	192	350	20	131	278	189	172	115	1694	1.09
Non Participating	5	26	23	1	47	104	5	27	66	69	39	29	441	1.45
Total Enrolled	2733	10388	12104	1627	18268	31776	3020	13858	28978	24030	20740	19053	186575	0
Participating	2276	8739	10173	1385	15252	26577	2456	11453	24171	20128	17473	16038	156121	0
Non Participating	457	1649	1931	242	3016	5199	564	2405	4807	3902	3267	3015	30454	0
Total Migrant	21	0	140	9	166	451	23	173	444	375	253	247	2302	0
Total Refugee	6	0	23	0	37	66	7	31	82	79	85	86	502	0

## Participation by Priority

Priority 0	23	54	131	10	126	686	51	167	138	122	106	95	1709	1.09%
Priority 1	2245	8637	32	1373	13890	16877	2381	11203	1215	4	5	9	57871	37.07%
Priority 2	1	1	4	1	3	7318	11	55	7	7	1	2	7411	4.75%
Priority 3	0	12	4819	1	1	8	0	0	12704	9074	7379	6605	40603	26.01%
Priority 4	7	24	3	0	1232	1683	13	28	547	3	1	3	3544	2.27%
Priority 5	0	1	5	0	0	5	0	0	9560	10918	9981	9324	39794	25.49%
Priority 6	0	6	5171	0	0	0	0	0	0	0	0	0	5177	3.32%
Priority 7	0	4	8	0	0	0	0	0	0	0	0	0	12	0.01%
Total	2276	8739	10173	1385	15252	26577	2456	11453	24171	20128	17473	16038	156121	100%

	Women	%	Infants	%	Children	%	Total
Enrolled	45120	24.18%	48,654	26.08%	92801	49.74%	186575
Participating	37825	24.23%	40486	25.93%	77810	49.84%	156121
Non Participating	7295	23.95%	8168	26.82%	14991	49.23%	30454

ARIZONA WIC PROGRAM  
MAINTENANCE ACTIVITY SUMMARY  
AGENCY – CLINIC LISTING

C

WICSR.2.1  
ID - AZW802

LOCAL AGENCY - ALL			CLINIC - ALL		INTERVIEWER NUMBER - ALL		LOCAL AGENCY NAME - *** STATE TOTALS ***		
ACCEPTED NO ERRORS			ACCEPTED W/NON-CRIT-ERRORS		REJECTED		W/CRIT ERRORS		TOTAL
PCT	COUNT		COUNT	PCT	PCT	PCT	PCT	COUNT	
1 – NEW CERTIFICATIONS C1	7379	77.1	1503	15.7	687	7.2	9569	23.6	
2 – RECERTIFICATIONS	13651	88.5	866	506	902	5.8	15419	38.1	
3 – ADD HISTORY/CHANGE PKG	5359	87.9	357	509	382	6.3	6098	15.1	
4 – UPDATES/CORRECTIONS	4878	95.3	201	3.9	39	0.8	5118	12.6	
5 – TRANSFERS (IN STATE) C2	1640	94.8	83	4.8	7	0.4	1730	4.3	
6 – ADDS (OUT OF STATE)	275	76.9	25	7.0	58	16.2	359	0.9	
8 – CORRECT DATE OF BIRTH	67	100.0	0	0.0	0	0.0	67	0.2	
7- REVERSE OF TERMS	188	92.6	11	5.4	4	2.0	203	0.5	
7 – TERMINATIONS									
TERM CODE A	227	81.9	31	11.2	19	6.9	277	0.7	
B	119	92.2	7	5.4	3	2.3	129	0.3	
C	49	92.5	4	7.5	0	0.0	53	0.1	
D	1	33.3	0	0.0	2	66.7	3	0.0	
E	64	82.1	7	9.0	7	9.0	78	0.2	
F	52	69.3	11	14.7	12	16.0	75	0.2	
G	0	0.0	0	0.0	0	0.0	0	0.0	
H	27	96.4	0	0.0	1	3.6	28	0.1	
I	195	95.1	6	2.9	4	2.0	205	0.5	
J	3	75.0	0	0.0	1	25.0	4	0.0	
K	2	100.0	0	0.0	0	0.0	2	0.0	
L	186	93.5	12	6.0	1	0.5	199	0.5	
M	10	100.0	0	0.0	0	0.0	10	0.0	
N	10	90.9	0	0.0	1	9.1	11	0.0	
O	0	0.0	0	0.0	14	100.0	14	0.0	
P	217	97.3	4	1.8	2	0.9	223	0.6	
Q	438	95.0	20	4.3	3	0.7	461	1.1	
S	5	100.0	0	0.0	0	0.0	5	0.0	
T	3	100.0	0	0.0	0	0.0	3	0.0	
U	1	50.0	1	50.0	0	0.0	2	0.0	
W	1	100.0	0	0.0	0	0.0	1	0.0	
X	151	95.0	6	3.8	2	1.3	159	0.4	
TOTAL	1761	90.5	109	5.6	76	3.9	1946	4.8	
TOTAL -	35199	86.9	3155	7.8	2151	53	40505	100.0	

ARIZONA WIC PROGRAM  
PARTICIPANT RECERTIFICATION DUE SUMMARY

**D** WIC455-2-1  
ID – AZW455

LOCAL AGENCY – ALL      CLINIC – ALL      ISSUE SITE – ALL      ISSUE SITE – ALL      LOCAL AGENCY NAME -      \*\*\* STATE TOTALS\*\*\*

		A	B	WOMEN				INFANT		CHILDREN		M	UNK	TOTAL
				D	N	E	F	G	H	J	K			
SUMMARY FOR FEBRUARY	PRIORITY 1	337	819	0	0	144	832	459	1051	0	0	0	0	3642
	PRIORITY 2	0	0	0	0	8	128	240	881	0	0	0	0	1257
	PRIORITY 3	1	1	0	0	39	77	1	3	3225	2321	2208	0	7876 D1
	PRIORITY 4	1	76	0	0	0	4	5	125	0	0	0	0	211
	PRIORITY 5	0	0	0	0	0	0	0	0	969	605	822	0	2396
	PRIORITY 7	0	0	0	0	0	21	0	0	36	42	77	0	176
	UNKNOWN	1	5	0	0	0	6	1	17	27	15	17	0	89
TOTAL		340	901	0	0	191	1068	706	2077	4257	2983	3124	0	15647
SUMMARY FOR MARCH	PRIORITY 1	348	820	0	0	187	878	504	1094	0	0	0	0	3831
	PRIORITY 2	0	0	0	0	12	1183	325	932	0	0	0	0	1387
	PRIORITY 3	0	0	0	0	39	63	1	3	3266	2289	2442	0	8103
	PRIORITY 4	2	97	0	0	0	7	5	158	0	0	0	0	269
	PRIORITY 5	0	0	0	0	0	0	0	0	917	638	969	0	2524
	PRIORITY 7	0	1	0	0	1	29	0	0	47	43	70	0	191
	UNKNOWN	0	3	0	0	2	5	3	28	16	10	11	0	78
TOTAL		342	921	0	0	241	1100	838	2215	4246	2980	3492	0	16383
SUMMARY FOR APRIL	PRIORITY 1	338	824	0	0	200	959	509	1077	0	0	0	0	3907
	PRIORITY 2	0	0	0	0	6	156	296	924	0	0	0	0	1382
	PRIORITY 3	0	0	0	0	36	65	0	1	3232	2293	2354	0	7981
	PRIORITY 4	2	94	0	0	1	8	4	145	0	0	0	0	254
	PRIORITY 5	0	0	0	0	0	0	0	2	1046	651	921	0	2620
	PRIORITY 7	0	0	0	0	0	22	0	0	38	48	75	0	183
	UNKNOWN	0	4	0	0	1	3	2	26	9	11	12	0	70
TOTAL		342	922	0	0	244	1213	811	2175	4325	3003	3362	0	16397
SUMMARY FOR MAY	PRIORITY 1	517	1168	0	0	241	936	575	971	0	0	0	0	4408
	PRIORITY 2	0	0	0	0	11	189	355	1122	1	0	0	0	1678
	PRIORITY 3	1	0	0	0	15	30	0	2	2938	1971	2200	0	7157
	PRIORITY 4	4	107	0	0	0	9	3	112	0	0	0	0	235
	PRIORITY 5	0	0	0	0	0	0	0	0	999	589	891	0	2479
	PRIORITY 7	0	0	0	0	0	17	0	0	54	43	63	0	177
	UNKNOWN	2	3	0	0	0	4	5	18	5	6	5	0	48
TOTAL		524	1278	0	0	267	1185	938	2225	3997	2609	3159	0	16182

PARTICIPANT TERMINATIONS DUE SUMMARY

E

LOCAL AGENCY - ALL CLINIC - ALL ISSUE SITE - ALL ISSUE SITE - ALL LOCAL AGENCY NAME - \*\*\* STATE TOTALS\*\*\*

		A	B	WOMEN		E	F	INFANT		J	CHILDREN	M	UNK	TOTAL
				D	N			G	H		K			
SUMMARY FOR FEBRUARY	PRIORITY 1	147	410	0	0	42	335	0	0	0	0	0	0	934
	PRIORITY 2	0	1	0	0	1	49	0	0	0	0	0	0	51
	PRIORITY 3	1	2	459	697	0	0	0	0	0	0	567	0	1726
	PRIORITY 4	2	50	0	0	0	3	0	0	0	0	0	0	55
	PRIORITY 5	0	0	0	0	0	0	0	0	0	0	201	0	201
	PRIORITY 6	0	3	7	337	0	0	0	0	0	0	0	0	347
	PRIORITY 7	0	0	0	0	0	0	0	0	0	0	18	0	18
	UNKNOWN	0	1	2	10	0	0	0	0	0	0	3	0	16
TOTAL		150	467	468	1044	43	387	0	0	0	0	789	0	3348
SUMMARY FOR MARCH	PRIORITY 1	440	1181	1	0	55	293	0	0	0	0	0	0	1970
	PRIORITY 2	0	0	0	1	4	64	0	0	0	0	0	0	69
	PRIORITY 3	2	3	431	688	0	0	0	0	0	0	562	0	1686
	PRIORITY 4	3	110	0	0	0	5	0	0	0	0	0	0	118
	PRIORITY 5	0	0	0	0	0	0	0	0	0	0	275	0	275
	PRIORITY 6	0	8	13	337	0	0	0	0	0	0	0	0	358
	PRIORITY 7	0	0	0	0	0	1	0	0	0	0	26	0	27
	UNKNOWN	0	3	1	5	0	0	0	0	0	0	3	0	12
TOTAL		445	1305	446	1031	59	363	0	0	0	0	866	0	4515
SUMMARY FOR APRIL	PRIORITY 1	625	1556	1	1	51	319	0	0	0	0	0	0	2553
	PRIORITY 2	0	0	0	0	1	55	0	0	0	0	0	0	56
	PRIORITY 3	2	2	389	617	0	0	0	0	0	0	627	0	1637
	PRIORITY 4	1	144	0	0	0	1	0	0	0	0	0	0	146
	PRIORITY 5	0	0	0	0	0	0	0	0	0	0	265	0	265
	PRIORITY 6	0	2	4	318	0	0	0	0	0	0	5	0	329
	PRIORITY 7	0	0	0	0	0	0	0	0	0	0	12	0	12
	UNKNOWN	2	8	0	2	0	0	0	0	0	0	2	0	15
TOTAL		630	1712	394	938	52	376	0	0	0	0	911	0	5013
SUMMARY FOR MAY	PRIORITY 1	564	1339	1	0	58	378	0	0	0	0	0	0	2340
	PRIORITY 2	0	0	0	0	2	378	0	0	0	0	0	0	52
	PRIORITY 3	1	0	295	440	0	50	0	0	0	0	624	0	1360
	PRIORITY 4	3	138	0	0	0	0	0	0	0	0	0	0	144
	PRIORITY 5	0	0	0	0	0	3	0	0	0	0	276	0	276
	PRIORITY 6	0	1	4	212	0	0	0	0	0	0	0	0	217
	PRIORITY 7	0	0	0	0	0	0	0	0	0	0	18	0	18
	UNKNOWN	2	7	0	1	0	0	0	0	0	0	1	0	12
TOTAL		570	1485	300	653	60	432	0	0	0	0	919	0	4419

E1

## Monitoring Your Monthly Caseload

Step	Source	Explanation	Example	Reference #	Numbers
1	Participation Report Log	<b>To project the number of people you can serve in the next month, do the following:</b>  Annual caseload <u>- # served so far</u> = # left to serve + # months remaining in FY = average # to serve per month	4800 <u>-2000</u> (by Jan 31) 2800 <u>+ 8 (Feb.- Sep)</u> 350 (monthly avg.)	A1 & A3 A2	$  \begin{array}{r}  126201 \times 3 = \\  378603 \\  118701 \times 9 = \\  +1068309 \\  \hline  1446912 \\  \hline  \phantom{1446912} - 492389 \\  \hline  \phantom{1446912} \text{(Jan init)} \\  \phantom{1446912} 954523 \\  \phantom{1446912} \quad + 8 \\  \phantom{1446912} \hline  \phantom{1446912} 119315 \\  \text{(monthly average)}  \end{array}  $
2	Participation report or manual count	End of month count from last month <u>-average to serve each month</u> = # of people who need to be cut	500 (in Jan.) <u>-350</u> (monthly avg.) 150 (# to decrease)	A2	$  \begin{array}{r}  -119315 \\  \hline  \phantom{-119315} 5843  \end{array}  $
3	WIC Participation Log	Guesstimate how many priorities you need to cut in order to get to this number.  a. Check WIC Participation Log for # of people in each priority. b. Start with Priority 7. If there is not enough reduction, add Priority 6, then Priority 5, and so on until you reach a number close to the number you need to reach. c. Be aware of which priorities may be subdivided in case you do not need to close the entire priority.	Priority 7= 20 Priority 6= 40 Priority 5= 40 <b>Priority 4= 50</b>  You would need to close these priorities and leave Priorities 1-3 open.	B1	$  \begin{array}{r}  \text{Priority 7= } 546 \\  + \text{ Priority 6= } 845 \\  + \text{ Priority 5= } 1585 \\  + \text{ Priority 4= } 13683 \\  \hline  16659  \end{array}  $ (You should actually come closer to the number in Step 2, but this will stay consistent with Example.)

## Monitoring Your Monthly Caseload

Step	Source	Explanation	Example	Reference #	Numbers
4	WIC Participation Log	The WIC Participation Log will show you the no-show rate. Save this for later use in adjusting enrolled numbers to participation numbers if you wish.	25 non participating <u>+525</u> enrolled 5% no show rate	B2	8.9%
5	WIC Participation Log & Maintenance Activity Summary	<p>Calculate the number of people expected to come on to the program in Priorities 1, 2, and 3.</p> <p>Add the “count” on lines 1 (TT1), 5 (TT5) and 6 (TT6) of the Maintenance Activity Summary. Add the three percentages in the far right column on the WIC Participation Log for Priorities 1, 2, and 3.</p> <p>Multiply the count from lines 1,5, and 6 by the total percentage of caseload in Priorities 1, 2, and 3 in order to get an estimate of the number of people who will be eligible (applicants) for the program in the next month.</p>	<p>Line 1 (TT1's) = 6 Line 5 (TT5's) = 3 <u>+ Line 6 (TT6's) = 3</u> 12</p> <p>Priority 1 = 30% Priority 2 = 15% <u>+ Priority 3 = 35%</u> 80%</p> <p>.80 x 12 = 10 (eligible expected in Feb. in open priorities)</p>	<p>C1 C2 C2</p> <p>B3 B3 B3</p>	<p>9569 1730 <u>+ 359</u> 11658</p> <p>29.2% 17.5% <u>+ 38.2%</u> 84.9%</p> <p>11658 x .849 = 9898 (# of eligible)</p>
6		Add the number from Step 5 to the participation number from last month.	500 (Jan. participation) <u>+ 10 eligible</u> 510	A2 Step 5	125149 <u>+ 9898</u> 135047

Participation report=A, Issuance Participation = B, Maintenance Activity Summary = C, Participant Recertification Due Summary = D, Participant Termination Due Summary = E

## Monitoring Your Monthly Caseload

Step	Source	Explanation	Example	Reference #	Numbers
7	Participant Recertification Due	<p>There are two pages to this report. One shows the number of recerts due and the other shows the number of terminations due for the current month and the next three months.</p> <p>a. Use the recertification and add together the number of certifications due for the next month in Priorities 4,5, &amp; 7. (Remember that all Priority 6 is terminated and not categorically eligible to be certified.)</p> <p>(This report reflects the number of <b>enrolled</b> people. You may want to decrease the figures by the no show rate you calculated in Step 4 to get a more accurate figure.)</p>	<p>Priority 4 = 10  Priority 5 = 10  <b>Priority 7 = 10</b>  30  (people due for certification in closed priorities who will be placed on the waiting list)</p>	D1	<p>Priority 4 = 211  +Priority 5 = 2396  +<u>Priority 7 = 176</u>  2783  (people due for certification in closed priorities who will be placed on the waiting list)</p>
8		Subtract the number of people in closed Priorities due for certification from the Caseload number.	<p>510 (caseload)  - <u>30</u> (recerts)  480</p>	Step 6 Step 7	<p>135047  - <u>2783</u>  132264</p>

Participation report=A, Issuance Participation = B, Maintenance Activity Summary = C, Participant Recertification Due Summary = D, Participant Termination Due Summary = E



## Monitoring Your Monthly Caseload

Step	Source	Explanation	Example	Reference #	Numbers
9	Participant Termination Due	<p>Add together the terminations in all priorities due in the next month.</p> <p>(This report reflects the number of <b>enrolled</b> people. You may want to decrease the figures by the no show rate you calculated in Step 4 to get a more accurate figure.)</p>	<p>Priority 1 = 5  +Priority 2 = 5  +Priority 3 = 5  +Priority 4 = 5  +Priority 5 = 5  +Priority 6 = 5  <u>+Priority 7 = 10</u>  40</p> <p>(People who will be ineligible/ terminated during the next month)</p>	E1	<p>Priority 1 = 934  +Priority 2 = 51  +Priority 3 = 1726  +Priority 4 = 55  +Priority 5 = 201  +Priority 6 = 347  <u>+Priority 7= 18</u>  3332</p> <p>(People who may be ineligible/terminated during the next month)</p>
10		Subtract the number calculated in Step 9 from the caseload number in Step 8. This will give you the number you will be serving at the end of the month.	<p>480  - 40  440</p> <p>(Remember that the targeted number in Step 1 was 350.)</p>	Step 8 Step 9	<p>132264  - 33332  131715</p> <p>(Remember that the targeted number in Step 1 was 119315.)</p>
11		If the projected end of the month count is lower than you need it to be, do not close as many priorities or sub-priorities as you planned or you may need to open some closed priorities or sub-priorities.			
12		If the projected end of the month count is higher than you need it to be, you will need to close more priorities or sub-priorities than you planned.	This is true of the example above.		<p>This is true of the example above.</p> <p>131715 &lt; 119315</p>
13		When you get the actual end of the month count for this month, you will need to calculate where you are, where you need to be, and which priorities you need to open or close.			

## **Chapter Two**

### **Certification**

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#### **Appendix N: Script for WIC Staff**

#### **Re: Waiting Lists**

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See Attached

## Waiting List Information – Sample Dialogue

- Client: What is a waiting list?
- Staff: A waiting list is something that the WIC program must start if there is not enough money to serve all the people that apply for the WIC program. Some applicants cannot be served at the time they apply so they are placed on a waiting list in case they can be enrolled sometime in the future.
- Client: How do you choose who is on the waiting list and who gets to be on the program?
- Staff: The WIC program is set up by priorities. There are certain categories of applicants (pregnant, infant, child) with certain nutritional risks (anemia, low birth weight, underweight) that the program considers being higher in priority than others. The applicants with the lowest priorities would be placed on the waiting list first.
- Client: Why can I (pregnant woman) be on the program, but my child is on the waiting list?
- Staff: Because your child falls into a lower priority than you do, a priority that we are not able to serve at this time.
- Client: How long will (myself or my child) be on the waiting list?
- Staff: That depends on a few things. If it is decided that the program could open the priorities that you or your child may qualify for, then you would be contacted. If you or your child are on the waiting list and, over time, become ineligible because of the category you no longer fall in, (example: child turns 5 years old) then your child may not ever be enrolled on the program.
- Client: I need to be on WIC, but you are telling me that I can't be on; what other benefits can I receive?
- Staff: I can offer the CSFP program (if applicable) while you are on the waiting list for the WIC program and refer you to other assistance programs in your area (such as Head Start).
- Client: Can I go to the clinic down the road or in the next county to get WIC?
- Staff: You need to apply at the clinic closest to your residence. The whole state of Arizona is involved in this budget crunch so those other agencies/clinics are most likely in a similar predicament to this clinic.
- Client: Even though you are telling me that it is not likely that my child (or myself) will come off of the waiting list, can my (or his) name still be placed on the waiting list.
- Staff: Yes, even though it does not look promising that your (or his) priority will be served, we will place your name on the waiting list if you would like us to do so.
- Client: My family has never had a problem being enrolled on to the WIC program; who else can I speak to about this waiting list?
- Staff: I can contact my supervisor to speak to you about it.

## **Chapter Two**

### **Certification**

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#### **Appendix O: Sample Letter for Referral Agency Communication Re: Waiting Lists**

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See Attached

Date

Dear WIC Partner:

For the past few years, the Arizona WIC program has been growing and has been accepting all applicants who meet the eligibility criteria. However, we are now in a position where we are going to have to reduce our caseload in response to restricted funding and rising costs. In the next few months, we will need to remove approximately 3,800 participants statewide from the program. This does not mean, however, that we are not taking new applicants.

Although we may not be able to serve all of the potentially eligible applicants, we will continue to serve those at highest risk. According to WIC definitions of risk and priority for service, pregnant women come ahead of all others. Breastfeeding women and infants are next, with children and postpartum, non-breastfeeding women in the lower priorities.

This means that we still are encouraging all agencies to continue to refer potential WIC clients to us. New applicants have an equal chance of being served as clients who are at the end of their certification periods. WIC does not give preference to clients who have been on the program before.

Postpartum women and some children may be placed on waiting lists or referred to other programs such as Food Plus (CSFP) or Head Start.

We don't want to give the impression to the public that it is not worthwhile to apply for WIC because WIC is experiencing caseload adjustments. We are still serving pregnant and breastfeeding women, infants, and most children who meet our eligibility criteria.

Thank you for your continuing support of WIC and your referral of potential WIC clients.

Sincerely,

Local Agency WIC Director